

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 3
For use by Members, officers, and employees

HAND DELIVERED

Mike Thompson
(Full Name)

202 225 3311
(Daytime Telephone)

LEGISLATIVE RESOURCE CENTER

2011 MAY -5 PM 4:21

MC

(Office Use Only)
U.S. HOUSE OF REPRESENTATIVES

Filer Status

☒ Member of the U.S. House of Representatives
State: CA
District: 01

☐ Officer Or Employee
Employing Office:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

Report Type

☒ Annual (May 15) ☐ Amendment ☐ Termination

Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

SCHEDULE I - EARNED INCOME

Name Mike Thompson

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
St. Helena Hospital	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Mike Thompson

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BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or	BLOCK B Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	BLOCK D Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
JT 20% Interest, Travis Webb (General Partnership) 1590 Webster, Fairfield, CA	\$100,001 - \$250,000	RENT/INTEREST	\$5,001 - \$15,000	
JT Adventist Health Care Retirement Plan	\$15,001 - \$50,000	NONE	NONE	
JT Bank of America	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	
JT First Republic Bank	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
JT Half Ownership 1435/1439 Kearney Street, St. Helena, CA	\$500,001 - \$1,000,000	RENT	\$5,001 - \$15,000	
JT Nationwide Retirement Solutions	\$50,001 - \$100,000	NONE	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Mike Thompson

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JT	Ownership of 2140 Finley Road East, Finley, CA	\$500,001 - \$1,000,000	OTHER: Farm Income	\$100,001 - \$1,000,000	
JT	Silverado Credit Union	\$100,001 - \$250,000	INTEREST	\$201 - \$1,000	
JT	Washington Mutual Inv. Fund	\$1,001 - \$15,000	DIVIDENDS/CAPIT AL GAINS	\$201 - \$1,000	
JT	Wells Fargo Bank	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	

SCHEDULE V - LIABILITIES

Name Mike Thompson

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	American Ag Credit	September 2002	Farm Development Loan, 2140 Finley Road, Finley, CA	\$250,001 - \$500,000

SCHEDULE VIII - POSITIONS

Name Mike Thompson

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
General Partner	Travis Webb General Partnership, 5184 Garden Valley Road, Suisun, CA

**UNITED STATES HOUSE OF REPRESENTATIVES
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For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER

2011 MAY 13 PM 1:47

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Walter William "Wally" Herger

202-225-3076

(Full Name)

(Daytime Telephone)

HAND DELIVERED

A \$200 penalty shall
be assessed against
anyone who files
more than 30 days
late.

**Filer
Status**

☒ Member of the U.S.
House of Representatives State: CA
District: 2

☐ Officer Or
Employee

Employing Office:

**Report
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☒ Annual (May 15)

☐ Amendment

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Termination Date:

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SCHEDULE I - EARNED INCOME

Name Walter William "Wally" Herger

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Source	Type	Amount
Catholic Health Care West	Spouse Salary (nurse)	N/A
CalPERS	CalPERS defined benefit retirement pay	\$1,922

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Walter William "Wally" Herger

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4th Avenue, Rio Oso, CA (house rental)	\$250,001 - \$500,000	RENT	\$2,501 - \$5,000	
4th Avenue, Rio Oso, CA (office rental)	\$250,001 - \$500,000	None	NONE	
4th Avenue, Rio Oso, CA (ranch land)	\$1,000,001 - \$5,000,000	RENT	\$100,001 - \$1,000,000	
Congressional Federal Credit Union	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
Herger Gas, Inc., Propane Gas Distribution, Rio Oso, CA (S-Corp)	\$1,000,001 - \$5,000,000	None	NONE(fn)	
IRA Dividend Leaders Index (FDL)	\$15,001 - \$50,000	None	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Walter William "Wally" Herger

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	IRA Dodge and Cox International (DODFX)	\$15,001 - \$50,000	None	NONE	P, S(part)
	IRA Dreyfus Cash Management (QDFLQ)(money fund)	\$1,001 - \$15,000	None	NONE	
	IRA Fairholme Fund (FAIRX)	\$15,001 - \$50,000	None	NONE	P, S(part)
	IRA Hussman Strategic Growth (HSGFX)	\$50,001 - \$100,000	None	NONE	P, S(part)
	IRA IShares Dividend Index (DVI)	None	None	NONE	P, S
	IRA Loomis Sayles Bond (LSBRX)	\$50,001 - \$100,000	None	NONE	P, S(part)
	IRA Mairs and Power Growth (MPGFX)	\$15,001 - \$50,000	None	NONE	P
	IRA Meridian Growth Fund (MERDX)	None	None	NONE	P, S
	IRA Metropolitan West Total Return (MWTIX)	\$50,001 - \$100,000	None	NONE	P
	IRA Pimco All Asset (PAUIX)	\$100,001 - \$250,000	None	NONE	P
	IRA Pimco Commodity Real Return (PCRIX)	None	None	NONE	P, S
	IRA Pimco Total Return (PTTRX)	\$50,001 - \$100,000	None	NONE	P, S(part)
	IRA Selected American Shares (SLADX)	None	None	NONE	P, S (part), S
	IRA Vanguard 500 Index (VFINX)	None	None	NONE	P, S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Walter William "Wally" Herger

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	IRA Vanguard GNMA (VFIIX)	\$50,001 - \$100,000	None	NONE	P, S(part)
	IRA Vanguard Short Term Investment Grade (VFSTX)	None	None	NONE	P, S
	IRA Vanguard Total Stock Market (VTI)	\$15,001 - \$50,000	None	NONE	P, S (part)
	Midland National IRA Annuity PIMCO Total Return Portfolio	None	None	NONE	S(part), S
	Midland National IRA Annuity ProFund VP Bull	None	None	NONE	S(part), S
	Midland National IRA Annuity ProFund VP NASDAQ 100	None	None	NONE	S(part), S
	Midland National IRA Annuity VP Pharmaceuticals	None	None	NONE	S(part), S
	Midland National IRA Annuity, PIMCO VIT Low Duration Portfolio	None	None	NONE	S(part), S
	Midland National IRA Annuity, PIMCO VIT Real Return Portfolio	None	None	NONE	S(part), S
	Umpqua Bank Accounts	\$15,001 - \$50,000	INTEREST	\$1 - \$200	

SCHEDULE IV - TRANSACTIONS

Name Walter William "Wally" Herger

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	IRA Dividend Leaders Index (FDL)	P	N/A	10-1-10	\$15,001 - \$50,000
	IRA Dodge and Cox International (DODFX)	P	N/A	3-2-10	\$15,001 - \$50,000
	IRA Dodge and Cox International (DODFX)	S(part)	No	7-13-10	\$15,001 - \$50,000
	IRA Fairholme Fund (FAIRX)	S(part)	No	9-29-10	\$15,001 - \$50,000
	IRA Fairholme Fund (FAIRX)	P	N/A	3-2-10	\$50,001 - \$100,000
	IRA Hussman Strategic Growth (HSGFX)	P	N/A	3-2-10	\$15,001 - \$50,000
	IRA Hussman Strategic Growth (HSGFX)	P	N/A	11-12-10	\$15,001 - \$50,000
	IRA Hussman Strategic Growth (HSGFX)	P	N/A	6-14-10	\$50,001 - \$100,000
	IRA Hussman Strategic Growth (HSGFX)	S(part)	No	9-29-10	\$50,001 - \$100,000
	IRA IShares Dividend Index (DIVY)	P	N/A	3-4-10	\$15,001 - \$50,000
	IRA IShares Dividend Index (DIVY)	S	No	10-1-10	\$15,001 - \$50,000

SCHEDULE IV - TRANSACTIONS

Name Walter William "Wally" Herger

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	IRA Loomis Sayles Bond (LSBRX)	S(part)	No	9-29-10	\$1,001 - \$15,000
	IRA Loomis Sayles Bond (LSBRX)	P	N/A	3-2-10	\$50,001 - \$100,000
	IRA Mairs and Power Growth (MPGFX)	P	N/A	9-29-10	\$15,001 - \$50,000
	IRA Meridian Growth Fund (MERDX)	P	N/A	3-1-10	\$15,001 - \$50,000
	IRA Meridian Growth Fund (MERDX)	S	No	7-14-10	\$15,001 - \$50,000
	IRA Metropolitan West Total Return (MWTIX)	P	N/A	9-29-10	\$50,001 - \$100,000
	IRA Pimco All Asset (PAUIX)	P	N/A	9-29-10	\$15,001 - \$50,000
	IRA Pimco All Asset (PAUIX)	P	N/A	11-12-10	\$50,001 - \$100,000
	IRA Pimco Commodity Real Return (PCRIX)	P	N/A	3-2-10	\$15,001 - \$50,000
	IRA Pimco Commodity Real Return (PCRIX)	S	No	9-29-10	\$15,001 - \$50,000
	IRA Pimco Total Return (PTTRX)	P	N/A	3-2-10	\$50,001 - \$100,000

SCHEDULE IV - TRANSACTIONS

Name Walter William "Wally" Herger

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SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	IRA Pimco Total Return (PTTRX)	P	N/A	7-13-10	\$50,001 - \$100,000
	IRA Pimco Total Return (PTTRX)	P	N/A	7-7-10	\$15,001 - \$50,000
	IRA Pimco Total Return (PTTRX)	S(part)	No	9-29-10	\$50,001 - \$100,000
	IRA Pimco Total Return (PTTRX)	S(part)	No	11-12-10	\$50,001 - \$100,000
	IRA Selected American Shares (SLADX)	S(part)	No	7-13-10	\$15,001 - \$50,000
	IRA Selected American Shares (SLADX)	P	N/A	3-2-10	\$50,001 - \$100,000
	IRA Selected American Shares (SLADX)	S	No	9-29-10	\$15,001 - \$50,000
	IRA Vanguard 500 Index (VFINX)	P	N/A	4-30-10	\$15,001 - \$50,000
	IRA Vanguard 500 Index (VFINX)	S	No	6-14-10	\$15,001 - \$50,000
	IRA Vanguard GNMA (VFIIX)	P	N/A	3-2-10	\$50,001 - \$100,000
	IRA Vanguard GNMA (VFIIX)	P	N/A	9-29-10	\$50,001 - \$100,000

SCHEDULE IV - TRANSACTIONS

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SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	IRA Vanguard GNMA (VFIIX)	S(part)	No	11-12-10	\$15,001 - \$50,000
	IRA Vanguard GNMA (VFIIX)	S(part)	No	4-30-10	\$15,001 - \$50,000
	IRA Vanguard Short Term Investment Grade (VFSTX)	P	N/A	3-2-10	\$50,001 - \$100,000
	IRA Vanguard Short Term Investment Grade (VFSTX)	S	No	9-29-10	\$50,001 - \$100,000
	IRA Vanguard Total Stock Market (VTI)	P	N/A	10-1-10	\$15,001 - \$50,000
	IRA Vanguard Total Stock Market (VTI)	P	N/A	3-4-10	\$50,001 - \$100,000
	IRA Vanguard Total Stock Market (VTI)	S	No	7-9-10	\$15,001 - \$50,000
	IRA Vanguard Total Stock Market (VTI)	S(part)	No	6-16-10	\$15,001 - \$50,000
	Midland National IRA Annuity Pimco Total Return	S(part)	No	1-6-10	\$1,001 - \$15,000
	Midland National IRA Annuity Pimco Total Return Portfolio	S	No	2-11-10	\$15,001 - \$50,000
	Midland National IRA Annuity Pimco VIT Low Duration Portfolio	S(part)	No	1-6-10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

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SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Midland National IRA Annuity Pimco VIT Low Duration Portfolio	S	No	2-11-10	\$15,001 - \$50,000
	Midland National IRA Annuity ProFund VP Bull	S	No	3-8-10	\$1,001 - \$15,000
	Midland National IRA Annuity ProFund VP Bull	S(part)	No	1-6-10	\$15,001 - \$50,000
	Midland National IRA Annuity ProFund VP Bull	S(part)	No	2-11-10	\$100,001 - \$250,000
	Midland National IRA Annuity ProFund VP NASDAQ 100	S(part)	No	2-11-10	\$100,001 - \$250,000
	Midland National IRA Annuity ProFund VP NASDAQ 100	S(part)	No	1-6-10	\$15,001 - \$50,000
	Midland National IRA Annuity ProFund VP NASDAQ 100	S	No	3-8-10	\$1,001 - \$15,000
	Midland National IRA Annuity VP Pharmaceuticals	S(part)	No	2-11-10	\$100,001 - \$250,000
	Midland National IRA Annuity VP Pharmaceuticals	S	No	3-8-10	\$1,001 - \$15,000
	Midland National IRA Annuity VP Pharmaceuticals	S(part)	No	1-6-10	\$1,001 - \$15,000
	Midland National IRA Annuity, PIMCO VIT Real Return Portfolio	S	No	2-11-10	\$15,001 - \$50,000

SCHEDULE IV - TRANSACTIONS

Name Walter William "Wally" Herger

Page 11 of 14

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Midland National IRA Annuity, PIMCO VIT Real Return Portfolio	S(part)	No	1-6-10	\$1,001 - \$15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Walter William "Wally" Herger

Page 12 of 14

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Heritage Foundation	Jan. 14-16	DC-Charlottesville, VA-DC	Y	Y	N	None

SCHEDULE IX - AGREEMENTS

Name Walter William "Wally" Herger

Page 13 of 14

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
Indefinite	Myself and CalPERS	Participant in defined benefit retirement plan

FOOTNOTES

Name Walter William "Wally" Herger

Page 14 of 14

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	Represents net earnings. Herger Gas gross receipts for 2010 were approximately \$2m.	Herger Gas, Inc.
2	Schedule III	Each mutual fund within my IRA is subject to periodic dividend reinvestment. Thus, in addition to the transactions indicated on Schedule IV, there were monthly or quarterly dividend reinvestments. Aggregate value of dividend reinvestments for each holding was generally between \$1,001 and \$15,000 (some may have been less).	Each holding within IRA
3	Schedule III	Represents consolidated positions from contracts 2106 and 2107 disclosed in 2009. Each account held the same securities.	Each Midland National entry on III and IV

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 5
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER

2011 MAY 11 PM 2:21

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC

DANIEL E. LUNGREN

202-225-5716

(Full Name)

(Daytime Telephone)

(Office Use Only)

Filer Status

☒ Member of the U.S. House of Representatives
State: CA
District: 03

☐ Officer Or Employee
Employing Office:

Report Type

☒ Annual (May 15) ☐ Amendment ☐ Termination

Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

HAND DELIVERED

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>Trusts--</p>	<p>Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>Exemptions--</p>	<p>Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

SCHEDULE I - EARNED INCOME

Name DANIEL E. LUNGREN

Page 2 of 5

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
California Legislators Retirement System	Constitutional Officer Pension	\$55,869
California Public Employees Retirement System	Spouse Pension	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name DANIEL E. LUNGREN

Page 3 of 5

BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source	Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>	<p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
Congressional FCU accounts	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
BB&T Bank accounts	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
Stoneyford Ranch, LLC, Glenn Co., CA	\$15,001 - \$50,000	Ranch	\$1 - \$200	

SCHEDULE V - LIABILITIES

Name DANIEL E. LUNGREN

Page 4 of 5

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	Chase Bank	2010	Credit Card	\$10,001 - \$15,000

SCHEDULE VIII - POSITIONS

Name DANIEL E. LUNGREN

Page 5 of 5

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Fletcher Jones Foundation

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 6
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER

2011 MAY 13 PM 3:29

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Thomas M McClintock
(Full Name)

202-225-2511
(Daytime Telephone)

HAND DELIVERED

Filer Status ☒ Member of the U.S. House of Representatives State: CA District: 04 ☐ Officer Or Employee Employing Office:
Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:
A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Thomas M McClintock

Page 2 of 6

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
First Baptist Church of Elk Grove	Spouse Salary	\$35,905.98

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas M McClintock

Page 3 of 6

BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>		<p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
	Bank of New York Mellon	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	S(part)
SP	Oppenheimer Funds Fund Symbol: OAAAX Fund Category: Portfolio Solutions	\$1,001 - \$15,000	CAPITAL GAINS	\$201 - \$1,000	
SP	Security Benefits Investment Mix Fidelity Adv Value Strategies	\$1,001 - \$15,000	CAPITAL GAINS	\$1 - \$200	
SP	Security Benefits Investment Mix Rydex SGI Global	\$1,001 - \$15,000	CAPITAL GAINS	\$1 - \$200	
JT	Wells Fargo Bank, CA Accounts	\$15,001 - \$50,000	INTEREST	\$1 - \$200	

SCHEDULE IV - TRANSACTIONS

Name Thomas M McClintock

Page 4 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Bank of New York Mellon	S(part)	Yes	03-30-2010	\$1,001 - \$15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Thomas M McClintock

Page 5 of 6

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
The Heritage Foundation	Jan. 14-16	DC-Charlottesville-DC	Y	Y	N	None
Club for Growth	Mar. 4-7	DC-Palm Beach-DC	Y	Y	Y	1 Day

SCHEDULE IX - AGREEMENTS

Name Thomas M McClintock

Page 6 of 6

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
2008- Present	State of California	Pension annuity for service in CA State Legislature

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 8
 For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER

2011 MAY 16 PM 1:40

Doris Matsui
 (Full Name)

202-225-7163
 (Daytime Telephone)

U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: CA District: 05	<input type="checkbox"/> Officer Or Employee	Employing Office:	A \$200 penalty shall be assessed against anyone who files more than 30 days late.
	Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Doris Matsui

Page 2 of 8

BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or	BLOCK B Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	BLOCK D Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
Ally BK Midvak, UT CD	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	P
Bank India, New York, NY	\$100,001 - \$250,000	INTEREST	NONE	P
Bank of America Checking Account	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
Beal Bank, Plano TX, CD	None	INTEREST	\$1 - \$200	PS
Bloomfield St. Bk Indiana CD	None	INTEREST	\$201 - \$1,000	S
Cash Management Account-Merrill Lynch	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Doris Matsui

Page 3 of 8

	Congressional Federal Credit Union	\$100,001 - \$250,000	INTEREST	\$201 - \$1,000	
	Deutsche Bank Ins Deposit Program A	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
	Deutsche Bank Ins Deposit Program B	\$50,001 - \$100,000	INTEREST	\$1 - \$200	
	Pimco Commodity Real Return Strategy Fund A	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$1,001 - \$2,500	P
	Sun Life Co of Canada	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	Vanguard Emerging Markets Stock Index	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	S(part)
	Vanguard European Stock Index Signal Fund Foreign	\$50,001 - \$100,000	DIVIDENDS/CAPITAL GAINS	\$2,501 - \$5,000	S(part)
	Vanguard Inflation Protected Securities Fund	\$50,001 - \$100,000	DIVIDENDS	\$1,001 - \$2,500	S(part)
	Vanguard Intermediate-Term Tax-Exempt Fund Investor Class	\$100,001 - \$250,000	INTEREST	\$2,501 - \$5,000	S(part)
	Vanguard Large-Cap Index Signal Fund	\$100,001 - \$250,000	DIVIDENDS	\$2,501 - \$5,000	S(part)
	Vanguard Limited-Term Municipal Bond Fund	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	S(part)
	Vanguard Mid-Cap Index Signal Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	S(part)
	Vanguard Pacific Stock Index Signal Fund Foreign	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	S(part)
	Vanguard Reit Index Signal Fund	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	S(part)

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Doris Matsui

Page 4 of 8

	Vanguard Small- Cap Index Signal Fund	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	S(part)
	West Med Holding Company, Englewood CA- Stock in privately held medical development technology company	\$1,001 - \$15,000	None	NONE	
	White House Federal Credit Union	\$100,001 - \$250,000	INTEREST	\$201 - \$1,000	

SCHEDULE IV - TRANSACTIONS

Name Doris Matsui

Page 5 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Ally BK Midvak, UT CD	P	N/A	6-3-10	\$50,001 - \$100,000
	Bank India, New York, NY	P	N/A	6-3-10	\$100,001 - \$250,000
	Beal Bank, Plano TX, CD	P	N/A	6-3-10	\$50,001 - \$100,000
	Beal Bank, Plano TX, CD	S	No	12-8-10	\$50,001 - \$100,000
	Bloomfield St. Bk Indiana CD	S	No	2-26-10	\$50,001 - \$100,000
	Pimco Commodity Real Return Strategy Fund A	S(part)	Yes	5-19-10	\$1,001 - \$15,000
	Vanguard Emerging Markets Stock Index Fund Foreign	S(part)	No	5-24-10	\$1,001 - \$15,000
	Vanguard European Stock Index	S(part)	Yes	11-8-10	\$1,001 - \$15,000
	Vanguard European Stock Index Signal Fund Foreign	S(part)	No	5-21-10	\$15,001 - \$50,000
	Vanguard Inflation Protected Securities Fund	S(part)	No	5-21-10	\$15,001 - \$50,000
	Vanguard Inflation Protection Securities	S(part)	No	4-26-10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name Doris Matsui

Page 6 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Vanguard Inflation Protection Securities	S(part)	No	11-8-10	\$1,001 - \$15,000
	Vanguard Intermediate Tax Exempt	S(part)	No	5-21-10	\$50,001 - \$100,000
	Vanguard Intermediate Term Tax Exempt	S(part)	No	5-24-10	\$1,001 - \$15,000
	Vanguard Intermediate Term Tax Exempt	P	N/A	11-5-10	\$1,001 - \$15,000
	Vanguard Intermediate-Term Tax-Exempt Fund Investor Class	S(part)	No	4-26-10	\$1,001 - \$15,000
	Vanguard Large Cap Index	S(part)	No	5-21-10	\$50,001 - \$100,000
	Vanguard Large-Cap Index Signal Fund	S(part)	No	4-26-10	\$1,001 - \$15,000
	Vanguard Limited-Term Municipal Bond Fund	S(part)	No	5-21-10	\$1,001 - \$15,000
	Vanguard Limited-Term Tax Exempt	S(part)	No	4-26-10	\$1,001 - \$15,000
	Vanguard Mid Cap Index	S(part)	No	4-26-10	\$1,001 - \$15,000
	Vanguard Mid-Cap Index Signal Fund	S(part)	No	5-21-10	\$15,001 - \$50,000

SCHEDULE IV - TRANSACTIONS

Name Doris Matsui

Page 7 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Vanguard Pacific Stock Index Signal Fund Foregin	S(part)	No	5-21-10	\$1,001 - \$15,000
	Vanguard Reit Index Signal Fund	S(part)	No	4-26-10	\$1,001 - \$15,000
	Vanguard Reit Index Signal Fund	S(part)	No	5-21-10	\$1,001 - \$15,000
	Vanguard Short Term Tax Exempt (1)	S	No	5-24-10	\$1,001 - \$15,000
	Vanguard Short Term Tax Exempt (2)	S	No	5-21-10	\$100,001 - \$250,000
	Vanguard Short Term Tax Exempt (2)	P	N/A	5-19-10	\$250,001 - \$500,000
	Vanguard Small- Cap Index Signal Fund	S(part)	No	5-21-10	\$1,001 - \$15,000

SCHEDULE VIII - POSITIONS

Name Doris Matsui

Page 8 of 8

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Regent	Smithsonian Institution, Board of Regents
Board Member (Not Compensated)	National Symphony Orchestra

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT
FORM A Page 1 of 9
 For use by Members, officers, and employees

Lynn C. Woolsey

(202) 225-5161

(Full Name)

(Daytime Telephone)

(Office Use Only)

Filer Status
☒ Member of the U.S. House of Representatives
 State: CA
 District: 06

☐ Officer Or Employee
 Employing Office:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.
Report Type
☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule I.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VII.
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII.
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IX.
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule V.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lynn C. Woolsey

Page 2 of 9

<p>BLOCK A</p> <p>Asset and/or Income Source</p> <p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>	<p>BLOCK B</p> <p>Year-End Value of Asset</p> <p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>BLOCK C</p> <p>Type of Income</p> <p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>BLOCK D</p> <p>Amount of Income</p> <p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>BLOCK E</p> <p>Transaction</p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
Apple Inc.	\$15,001 - \$50,000	None	NONE	
Apple Inc. (IRA 1)	\$50,001 - \$100,000	None	NONE	
Calvert Equity Fund (IRA 2)	\$50,001 - \$100,000	None	NONE	P
Calvert Moderate Allocation Fund (IRA 2)	\$15,001 - \$50,000	None	NONE	
Calvert World Values Fund (IRA 2)	\$15,001 - \$50,000	None	NONE	
Cisco Systems Inc. (IRA 2)	\$1,001 - \$15,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lynn C. Woolsey

Page 3 of 9

	Growth Fund of America (529)	\$15,001 - \$50,000	None	NONE	P
	Nordstrom Inc. (IRA 1)	\$15,001 - \$50,000	None	NONE	S(part)
	Oppenheimer International Bond Fund (IRA 2)	\$50,001 - \$100,000	None	NONE	S(part)
	Templeton Global Bond Fund (IRA 2)	\$50,001 - \$100,000	None	NONE	
	Washington Mutual Investors Fund (529)	\$15,001 - \$50,000	None	NONE	P

SCHEDULE IV - TRANSACTIONS

Name Lynn C. Woolsey

Page 4 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Calvert Bond Portfolio (IRA 2)	S(part)	No	02/10/10	\$1,001 - \$15,000
	Calvert Bond Portfolio (IRA 2)	S	No	02/22/10	\$50,001 - \$100,000
	Calvert Equity Fund (IRA 2)	P	N/A	02/22/10	\$50,001 - \$100,000
	Capital Income Builder (IRA 1)	S	No	10/04/10	\$1,001 - \$15,000
	Growth Fund of America (529)	P	N/A	02/10/10	\$1,001 - \$15,000
	Nordstrom Inc. (IRA 1)	S(part)	No	10/04/10	\$1,001 - \$15,000
	Oppenheimer International Bond Fund (IRA 2)	S(part)	No	10/04/10	\$1,001 - \$15,000
	Washington Mutual Investment Fund (529)	P	N/A	02/10/10	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

Name Lynn C. Woolsey

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	Wright Patman Congressional Federal Credit Union	December 2010	Credit Card	\$10,001 - \$15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Lynn C. Woolsey

Page 6 of 9

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Aspen Institute Congressional Program	April 5-11	San Francisco - Lisbon, Portugal - San Francisco	Y	Y	Y	None
Aspen Institute Congressional Program	August 16- 21	San Francisco - Vancouver, British Columbia (return trip paid for personally)	Y	Y	N	None
Americans for Democratic Action	November 19-20	DC - Boston - DC	Y	Y	N	None

SCHEDULE VIII - POSITIONS

Name Lynn C. Woolsey

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Gallaudet University (unpaid)
President	Americans for Democratic Action (unpaid)

SCHEDULE IX - AGREEMENTS

Name Lynn C. Woolsey

Page 8 of 9

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
April 1999	City of Petaluma	Dental and Vision benefits from former employer

FOOTNOTES

Name Lynn C. Woolsey

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Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	EJ Cust FBO Lynn Woolsey Sep IRA	IRA 1
2	Schedule III	EJ Cust FBO David Woolsey c/o Lynn Woolsey (Inherited Decedent IRA)	IRA 2
3	Schedule IV	EJ Cust FBO Lynn Woolsey Sep IRA	IRA 1
4	Schedule IV	EJ Cust FBO David Woolsey c/o Lynn Woolsey (Inherited Decedent IRA)	IRA 2

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

Page 1 of 2

LEGISLATIVE RESOURCE CENTER

MAY 15 AM 11:08

Nancy Pelosi
(Full Name)

415-788-8600
(Daytime Telephone)

HAND DELIVERED

(Office Use Only)

Filer
Status

☒ Member of the U.S.
House of Representatives State: CA
District: 08

☐ Officer Or
Employee

Employing Office:

A \$200 penalty shall
be assessed against
anyone who files
more than 30 days
late.

Report
Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Nancy Pelosi

Page 2 of 23

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Financial Leasing Services	Spouse Salary	N/A
Fairfield Associates	Spouse Management Fee	N/A
Forty-Five Belden Corporation	Spouse Management Fee	N/A
Isolep Enterprises	Spouse Management Fee	N/A
Yerac Associates	Spouse Management Fee	N/A

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name Nancy Pelosi

Page 3 of 23

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package. Employees may request a green envelope from the Clerk or use a plain envelope that is appropriately labeled.

Source	Activity	Date	Amount
NONE			

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Nancy Pelosi

Page 4 of 23

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.

For rental or other real property held for investment, provide a complete address.

For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or

BLOCK B

Year-End Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."

BLOCK C

Type of Income

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.

BLOCK D

Amount of Income

For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

BLOCK E

Transaction

Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

JT	11 Zinfandel Lane - Home & Vineyard - St. Helena, CA	\$5,000,001 - \$25,000,000	GRAPE SALES	\$5,001 - \$15,000	
JT	1600 Atlas Peak Road - Real Estate Investment - Napa, CA	\$500,001 - \$1,000,000	RENT	\$15,001 - \$50,000	
SP	25 Point Lobos - Commerical Property - San Francisco, CA	\$5,000,001 - \$25,000,000	RENT	\$100,001 - \$1,000,000	
SP	45 Belden Place - Four Story Commercial Building - San Francisco, CA	\$1,000,001 - \$5,000,000	RENT	\$100,001 - \$1,000,000	
JT	723 Mule Ears Court - Townhome - Norden, CA	\$1,000,001 - \$5,000,000	NONE	NONE	
SP	820 Sir Francis Drake Blvd. - Commercial Property - San Anselmo, CA	\$1,000,001 - \$5,000,000	RENT	\$100,001 - \$1,000,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Nancy Pelosi

Page 5 of 23

SP	Active LLC - Ltd. Partnership Investment in the Active Network - San Francisco, CA	\$15,001 - \$50,000	NONE	NONE	
SP	Alcatel Lucent Ads Common Stock	\$1,001 - \$15,000	NONE	NONE	
SP	Alcoa Inc. Common Stock	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
SP	Apple Inc. Common Stock	\$500,001 - \$1,000,000	CAPITAL GAINS	\$1,000,001 - \$5,000,000	S(part)
SP	Aristotle LLC - Ltd. Partnership Investment in Aristotle Publishing Inc. - San Francisco, CA	\$15,001 - \$50,000	NONE	NONE	
SP	AT&T Inc. Common Stock	\$0	CAPITAL GAINS(LOSS)	(\$50,001 - \$100,000)	S
SP	Attensity Group Inc. Preferred Stock - Investment in Hosted Analytical Software Application Company - Palo Alto, CA (Formerly Biz360 Inc.)	\$1,001 - \$15,000	NONE	NONE	
SP	Auberge du Soleil - Ltd. Partnership Investment in Resort Hotel - Rutherford, CA	\$1,000,001 - \$5,000,000	PARTNERSHIP INCOME	\$100,001 - \$1,000,000	
SP	Bank of America - Checking Account - San Francisco, CA	\$50,001 - \$100,000	INTEREST	\$1 - \$200	
JT	Bank of America - Checking Account - San Francisco, CA	\$1,001 - \$15,000	NONE	NONE	
SP	Bank of America - Checking Account - Washington, DC	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	BF Enterprises Common Stock	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Nancy Pelosi

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SP	Biz360 Inc. Preferred Stock - Investment in Hosted Analytical Software Application Company - Redwood City, CA (Currently Attensity Group Inc. Preferred Stock)				
SP	Borel Real Estate Company - Ltd. Partnership Interest in Shopping Center - San Mateo, CA	\$100,001 - \$250,000	RENT	\$15,001 - \$50,000	
SP	Broadcom Corp. Common Stock	\$1,001 - \$15,000	NONE	NONE	
SP	Builders Info. Group. Preferred Stock - Investment in Contracting Industry Online Services Company - South San Francisco, CA	\$1,001 - \$15,000	PARTNERSHIP INCOME	\$201 - \$1,000	
SP	Cisco Systems Inc. Common Stock	\$0	CAPITAL GAINS(LOSS)	(\$100,001 - \$1,000,000)	PS
SP	City Car Services LLC - Ltd. Partnership Investment in Limousine Company - Hingham, MA	\$500,001 - \$1,000,000	PARTNERSHIP INCOME(LOSS)	(\$2,501 - \$5,000)	
SP	City National Bank - Checking Account - San Francisco, CA	\$1 - \$1,000	NONE	NONE	
SP	Clean Energy Fuels Corp. Common Stock	\$50,001 - \$100,000	NONE	NONE	
SP	Collab.net LLC - Ltd. Partnership Investment in Collaborative Software Development Company - San Francisco, CA	\$1,001 - \$15,000	NONE	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Nancy Pelosi

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SP	Comcast Common Stock	\$100,001 - \$250,000	DIVIDENDS	\$2,501 - \$5,000	
SP	Command Audio Preferred Stock - Investment in Audio on Demand Company - Redwood City, CA	\$1,001 - \$15,000	NONE	NONE	
	Congressional Credit Union - Checking Account - Washington, DC	\$1,001 - \$15,000	NONE	NONE	
SP	Digital Fountain Preferred Stock - Investment in Content Distribution Servers Company - San Francisco, CA	\$1 - \$1,000	NONE	NONE	
SP	Dover Saddlery Inc. Common Stock	\$0	CAPITAL GAINS(LOSS)	(\$15,001 - \$50,000)	S
SP	Dow Chemical Company Common Stock	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	Ebay Inc. Common Stock	\$0	CAPITAL GAINS(LOSS)	(\$100,001 - \$1,000,000)	S
SP	EDI Associates - Ltd. Partnership Investment in El Dorado Hotel - Sonoma, CA	\$250,001 - \$500,000	PARTNERSHIP INCOME	\$5,001 - \$15,000	
SP	Emulex Common Stock	\$15,001 - \$50,000	NONE	NONE	
SP	Fastnet Common Stock	\$1 - \$1,000	NONE	NONE	
SP	Financial Leasing Services - Investment Consulting Company - San Francisco, CA	\$100,001 - \$250,000	NONE	NONE	
SP	Fortunet Inc. Common Stock	\$0	CAPITAL GAINS(LOSS)	(\$15,001 - \$50,000)	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Nancy Pelosi

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SP	Forty-Five Belden Corp. - Investment Management Company - San Francisco, CA	\$1,000,001 - \$5,000,000	PARTNERSHIP INCOME	\$15,001 - \$50,000	
SP	Global Ambassador Concierge LLC - Ltd. Partnership Interest in Concierge Services for International Travelers - Washington, DC	\$15,001 - \$50,000	PARTNERSHIP INCOME(LOSS)	(\$5,001 - \$15,000)	
SP	Golub Capital Partners - Equity Investment Fund - New York, NY	\$1,001 - \$15,000	PARTNERSHIP INCOME	\$1,001 - \$2,500	Increase Invest.
SP	Granite Ventures LP - Ltd. Partnership Interest in Venture Capital Company Investing in Communications & Software - San Francisco, CA	\$250,001 - \$500,000	PARTNERSHIP INCOME(LOSS)	(\$50,001 - \$100,000)	
SP	Hennessy Advisors Inc. Common Stock	\$0	DIVIDENDS/CAPI TAL GAINS(LOSS)	(\$2,501 - \$5,000)	S
SP	iBiquity Digital Corporation Preferred Stock - Investment in Digital Radio Systems Company - Columbia, MD	\$1,001 - \$15,000	NONE	NONE	
SP	Infospace Inc. Common Stock	\$1,001 - \$15,000	NONE	NONE	
SP	Interactive Brokers Group Inc. Common Stock	\$50,001 - \$100,000	DIVIDENDS	\$5,001 - \$15,000	
SP	Internet Cap. Group Common Stock	\$1 - \$1,000	NONE	NONE	
SP	J. Crew Group Inc. Common Stock	\$250,001 - \$500,000	CAPITAL GAINS	\$15,001 - \$50,000	S(part)

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Nancy Pelosi

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SP	Lions Gate Limited LLC - Ltd. Partnership Investment in CordeValle Golf Development - San Martin, CA	\$0	PARTNERSHIP INCOME(LOSS)	(\$201 - \$1,000)	S in Prior Year - Residual Expenses
SP	Marquetry Antiques - Ltd Partnership Interest in Antiques Company - San Francisco, CA	\$50,001 - \$100,000	PARTNERSHIP INCOME	\$201 - \$1,000	
SP	Matthews International Capital Management, LLC - Ltd Partnership Interest in Company Specializing in Asian Investment - San Francisco, CA	\$5,000,001 - \$25,000,000	PARTNERSHIP INCOME	\$100,001 - \$1,000,000	
SP	Matthews International Mutual Fund	\$50,001 - \$100,000	DIVIDENDS	\$201 - \$1,000	
SP	McGrath Rentcorp. Inc. Common Stock	\$250,001 - \$500,000	DIVIDENDS	\$5,001 - \$15,000	
SP	Microsoft Corp. Common Stock	\$0	DIVIDENDS/CAPIT AL GAINS	\$5,001 - \$15,000	S
SP	Moduslink Global Common Stock	\$1 - \$1,000	NONE	NONE	
SP	MontaVista LLC - Ltd. Partnership Investment in Systems Software Company - Sunnyvale, CA	\$0	CAPITAL GAINS(LOSS)	(\$15,001 - \$50,000)	S
SP	Morningstar Inc. Common Stock	\$100,001 - \$250,000	CAPITAL GAINS	\$5,001 - \$15,000	S(part)
SP	Mosher Partners LP - Undeveloped Residential Real Estate Investment - Sacramento, CA	\$250,001 - \$500,000	PARTNERSHIP INCOME(LOSS)	(\$1 - \$200)	
SP	Motorola Inc. Common Stock	\$0	CAPITAL GAINS(LOSS)	(\$100,001 - \$1,000,000)	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Nancy Pelosi

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SP	Nautilus Leasing Services - Container Leasing Company - San Francisco, CA	\$50,001 - \$100,000	NONE	NONE	
SP	Nine Forty Five Battery LLC - General Partner in 945 Battery Street Office Building - San Francisco, CA	\$5,000,001 - \$25,000,000	RENT	\$50,001 - \$100,000	
SP	Nine Hundred One Battery - Ltd. Partnership Interest in 901 Battery Street Office Building - San Francisco, CA	\$15,001 - \$50,000	RENT	\$1,001 - \$2,500	
SP	Oakwood Homes Corp. Common Stock	\$0	CAPITAL GAINS(LOSS)	(\$1 - \$200)	S
SP	Oakwood Homes Corp. Bonds	\$1 - \$1,000	INTEREST	\$5,001 - \$15,000	
SP	Odyssey LLC - Ltd. Partnership Interest in Venture Capital Investment Firm - San Francisco, CA	\$15,001 - \$50,000	PARTNERSHIP INCOME	\$5,001 - \$15,000	
SP	Piatti Restaurant Co. - Ltd. Partnership Investment in Restaurant Company - Tiburon, CA	\$1,000,001 - \$5,000,000	PARTNERSHIP INCOME	\$5,001 - \$15,000	
SP	QualComm Inc. Common Stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Robert Half Intl. Inc. Common Stock	\$50,001 - \$100,000	DIVIDENDS	\$1,001 - \$2,500	
SP	Russell Ranch LLC - Ltd. Partner in Undeveloped Residential Real Estate Investment - Sacramento, CA	\$5,000,001 - \$25,000,000	PARTNERSHIP INCOME	\$100,001 - \$1,000,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Nancy Pelosi

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SP	Salesforce.com Common Stock	\$250,001 - \$500,000	NONE	NONE	
SP	Shutterfly Common Stock	\$15,001 - \$50,000	NONE	NONE	
SP	Sonus Networks Inc. Common Stock	\$0	CAPITAL GAINS(LOSS)	(\$201 - \$1,000)	S
SP	Speakeasy Investors LP - Ltd. Partnership Investment in DSL Broadband Services Provider - Seattle, WA	\$1,001 - \$15,000	PARTNERSHIP INCOME	\$201 - \$1,000	
SP	Stoneridge LLC - Ltd. Partner in Undeveloped Residential Real Estate Investment - Sacramento, CA	\$250,001 - \$500,000	PARTNERSHIP INCOME(LOSS)	(\$1,001 - \$2,500)	
SP	Support Soft Inc. Common Stock	\$0	CAPITAL GAINS	\$201 - \$1,000	S
SP	Thirteen Hundred One Sansome LLC - General Partner in 1301 Sansome Street Office Building - San Francisco, CA	\$1,000,001 - \$5,000,000	RENT	\$100,001 - \$1,000,000	
SP	Tripath Technology Inc. Common Stock	\$1 - \$1,000	NONE	NONE	
SP	Trivium LLC - Ltd. Partnership Investment in E-business Software Solutions Company - San Francisco, CA	\$15,001 - \$50,000	NONE	NONE	
SP	Union Bank of California - Checking Account - San Francisco, CA	\$1 - \$1,000	NONE	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Nancy Pelosi

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SP	Union Bank of California - Pelosi Trust Checking Account - San Francisco, CA	\$1 - \$1,000	NONE	NONE	
SP	Union Bank of California Money Market Account - San Francisco, CA	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	UnionBanc Investment Services Money Market Fund - San Francisco, CA	\$1 - \$1,000	INTEREST	\$1,001 - \$2,500	
SP	United Football League - Ltd Partnership Interest in Football League - Jacksonville, FL	\$1,000,001 - \$5,000,000	NONE	NONE	P
SP	United Football League Sacramento Mountain Lions Team - Ltd Partnership Interest in Football Franchise - Sacramento, CA (Formerly Team San Francisco, LLC)	\$5,000,001 - \$25,000,000	PARTNERSHIP INCOME(LOSS)	(\$1,000,001 - \$5,000,000)	Increase Invest.
SP	Visa Inc. Common Stock	\$1,000,001 - \$5,000,000	DIVIDENDS	\$5,001 - \$15,000	
SP	Vizu LLC - Ltd. Partnership Investment in Digital Brand Advertising Measurement Company - San Francisco, CA	\$15,001 - \$50,000	PARTNERSHIP INCOME(LOSS)	(\$1 - \$200)	
JT	Wells Fargo Bank - Checking Account - San Francisco, CA	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	Yahoo Inc. Common Stock	\$0	CAPITAL GAINS(LOSS)	(\$100,001 - \$1,000,000)	S
SP	Yerac Associates - Limited Partner in Investment Fund - San Francisco, CA	\$250,001 - \$500,000	PARTNERSHIP INCOME(LOSS)	(\$15,001 - \$50,000)	

SCHEDULE IV - TRANSACTIONS

Name Nancy Pelosi

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	Apple Inc. Common Stock (partial sale)	S(part)	Yes	5-28-10	\$500,001 - \$1,000,000
SP	Apple Inc. Common Stock (partial sale)	S(part)	Yes	6-8-10	\$500,001 - \$1,000,000
SP	Apple Inc. Common Stock (partial sale)	S(part)	Yes	6-29-10	\$1,000,001 - \$5,000,000
SP	AT&T Inc. Common Stock	S	No	5-24-10	\$100,001 - \$250,000
SP	Cisco Systems Inc. Common Stock - Additional Investment	P	N/A	3-8-10	\$250,001 - \$500,000
SP	Cisco Systems Inc. Common Stock (partial sale)	S(part)	No	5-14-10	\$250,001 - \$500,000
SP	Cisco Systems Inc. Common Stock (partial sale)	S(part)	No	5-19-10	\$100,001 - \$250,000
SP	Cisco Systems Inc. Common Stock (partial sale)	S(part)	No	5-20-10	\$15,001 - \$50,000
SP	Cisco Systems Inc. Common Stock (partial sale)	S(part)	No	5-21-10	\$100,001 - \$250,000

SCHEDULE IV - TRANSACTIONS

Name Nancy Pelosi

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	Cisco Systems Inc. Common Stock	S	No	5-24-10	\$50,001 - \$100,000
SP	Dover Saddlery Inc. Common Stock	S	No	6-25-10	\$1,001 - \$15,000
SP	Ebay Inc. Common Stock	S	No	5-21-10	\$100,001 - \$250,000
SP	Fortunet Inc. Common Stock	S	No	4-19-10	\$1,001 - \$15,000
SP	Golub Capital Partners - Additional Investment	P	N/A	4-1-10	\$1 - \$1000
SP	Hennessy Advisors Inc. Common Stock	S	No	6-4-10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name Nancy Pelosi

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	J. Crew Group Inc. Common Stock (partial sale)	S(part)	Yes	5-25-10	\$50,001 - \$100,000
SP	J. Crew Group Inc. Common Stock (partial sale)	S(part)	Yes	5-28-10	\$15,001 - \$50,000
SP	Microsoft Corp. Common Stock	S	Yes	6-7-10	\$100,001 - \$250,000
SP	MontaVista LLC	S	No	1-25-10	\$1 - \$1,000
SP	Morningstar Inc. Common Stock (partial sale)	S(part)	Yes	6-25-10	\$1,001 - \$15,000
SP	Motorola Inc. Common Stock (partial sale)	S(part)	No	5-21-10	\$250,001 - \$500,000

SCHEDULE IV - TRANSACTIONS

Name Nancy Pelosi

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	Motorola Inc. Common Stock	S	No	5-24-10	\$50,001 - \$100,000
SP	Oakwood Homes Corp. Common Stock	S	No	6-30-10	\$1 - \$1,000
SP	Sonus Networks Inc. Common Stock	S	No	7-14-10	\$1 - \$1,000
SP	Support Soft Inc. Common Stock	S	Yes	7-14-10	\$1 - \$1,000
SP	United Football League - Investment in Football League	P	N/A	3-30-10	\$50,001 - \$100,000
SP	United Football League - Additional Investment in Football League	P	N/A	8-26-10	\$250,001 - \$500,000
SP	United Football League - Additional Investment in Football League	P	N/A	9-20-10	\$100,001 - \$250,000

SCHEDULE IV - TRANSACTIONS

Name Nancy Pelosi

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	United Football League - Additional Investment in Football League	P	N/A	10-14-10	\$100,001 - \$250,000
SP	United Football League - Additional Investment in Football League	P	N/A	11-22-10	\$100,001 - \$250,000
SP	United Football League - Additional Investment in Football League	P	N/A	11-29-10	\$50,001 - \$100,000
SP	United Football League - Additional Investment in Sacramento Team	P	N/A	1-13-10	\$500,001 - \$1,000,000
SP	United Football League - Additional Investment in Sacramento Team	P	N/A	3-10-10	\$100,001 - \$250,000
SP	United Football League - Additional Investment in Sacramento Team	P	N/A	5-13-10	\$250,001 - \$500,000
SP	United Football League - Additional Investment in Sacramento Team	P	N/A	6-2-10	\$250,001 - \$500,000
SP	United Football League - Additional Investment in Sacramento Team	P	N/A	6-10-10	\$50,001 - \$100,000
SP	United Football League - Additional Investment in Sacramento Team	P	N/A	6-16-10	\$50,001 - \$100,000
SP	United Football League - Additional Investment in Sacramento Team	P	N/A	6-18-10	\$50,001 - \$100,000

SCHEDULE IV - TRANSACTIONS

Name Nancy Pelosi

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	United Football League - Additional Investment in Sacramento Team	P	N/A	7-6-10	\$250,001 - \$500,000
SP	United Football League - Additional Investment in Sacramento Team	P	N/A	7-9-10	\$50,001 - \$100,000
SP	United Football League - Additional Investment in Sacramento Team	P	N/A	7-16-10	\$50,001 - \$100,000
SP	United Football League - Additional Investment in Sacramento Team	P	N/A	7-30-10	\$50,001 - \$100,000
SP	United Football League - Additional Investment in Sacramento Team	P	N/A	8-26-10	\$100,001 - \$250,000
SP	United Football League - Additional Investment in Sacramento Team	P	N/A	12-16-10	\$50,001 - \$100,000
SP	United Football League - Additional Investment in Sacramento Team	P	N/A	12-24-10	\$15,001 - \$50,000
SP	Yahoo Inc. Common Stock	S	No	6-8-10	\$100,001 - \$250,000

SCHEDULE V - LIABILITIES

Name Nancy Pelosi

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	Union Bank of California	Feb 2002	Mortgage on 11 Zinfandel Lane, St. Helena, CA	\$1,000,001 - \$5,000,000
JT	Union Bank of California	Dec 2001	Mortgage on 723 Mule Ears Court, Norden, CA	\$500,001 - \$1,000,000
SP	Union Bank of California	Dec 2007	Mortgage on 45 Belden Place, San Francisco, CA	\$1,000,001 - \$5,000,000
SP	Wachovia Securities	Nov 2003	Mortgage on 820 Sir Francis Drake Blvd., San Anselmo, CA	\$1,000,001 - \$5,000,000
SP	Bank of America	Aug 2007	Mortgage on 25 Point Lobos Avenue, San Francisco, CA	\$1,000,001 - \$5,000,000
JT	Union Bank of California	Apr 2005	Mortgage on 1600 Atlas Peak Road, Napa, CA	\$250,001 - \$500,000
SP	Union Bank of California	Jul 2002	Equity Line of Credit on 11 Zinfandel Lane, St. Helena, CA	\$1,000,001 - \$5,000,000
SP	Wells Fargo Investments	Ongoing	Brokerage Margin Account	\$1,000,001 - \$5,000,000
SP	W.R. Hambrecht & Co.	Ongoing	Brokerage Margin Account	\$500,001 - \$1,000,000
SP	City National Bank	Aug 2010	Personal Term Loan	\$1,000,001 - \$5,000,000

SCHEDULE VI - GIFTS

Name Nancy Pelosi

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Report the source, a brief description, and the value of all gifts totaling more than \$335 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
NONE		

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Nancy Pelosi

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
NONE			N	N	N	

SCHEDULE VIII - POSITIONS

Name Nancy Pelosi

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
CFO & Secretary	The Paul & Nancy Pelosi Charitable Foundation
Honorary Advisory Board	The Women & Politics Institute at American University
Congressional Advisory Board	International Women's Democracy Center
Trustee	United States Botanic Garden
Board of Trustees Member Ex Officio	Kennedy Center
Honorary Board of Advisors	Lead America
Honorary Board of Advisors	National Student Leadership Foundation
Honorary Member	Wheelchair Foundation
Honorary Board Member	National Women's History Museum

SCHEDULE IX - AGREEMENTS

Name Nancy Pelosi

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Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
NONE		

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES			FORM A	Page 1 of 9
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT			For use by Members, officers, and employees	
Barbara Lee			(202) 225-2661	
(Full Name)			(Daytime Telephone)	
			2011 MAY 13 PM 3:21	
			OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES (Office Use Only)	
Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: CA District: 9	<input type="checkbox"/> Officer Or Employee	Employing Office:
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	
				Termination Date:
				A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule V.</p>	<p style="text-align: center;">Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Barbara Lee

Page 2 of 9

<p>BLOCK A</p> <p>Asset and/or Income Source</p> <p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>	<p>BLOCK B</p> <p>Year-End Value of Asset</p> <p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>BLOCK C</p> <p>Type of Income</p> <p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>BLOCK D</p> <p>Amount of Income</p> <p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>BLOCK E</p> <p>Transaction</p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
<p>Book contract with Rowman & Littlefield Publishers, Inc. (Approved by Committee)</p>	<p>Indefinite</p>	<p>Royalties on sales</p>	<p>\$1,001 - \$2,500</p>	
<p>Charles Schwab Money Market Account</p>	<p>\$1 - \$1,000</p>	<p>INTEREST</p>	<p>\$1 - \$200</p>	
<p>Delaware SMID Cap Growth Class C Fund (held in Fidelity SEP IRA)</p>	<p>\$1 - \$1,000</p>	<p>None</p>	<p>NONE</p>	<p>PS(part)</p>
<p>Delaware Trend Fund (held in Fidelity SEP IRA)</p>	<p>None</p>	<p>None</p>	<p>NONE</p>	<p>S</p>
<p>East West Bank Accounts, Oakland, CA</p>	<p>\$250,001 - \$500,000</p>	<p>INTEREST</p>	<p>\$1 - \$200</p>	
<p>Fidelity Freedom 2020 Fund (held in Fidelity SEP IRA)</p>	<p>\$1,001 - \$15,000</p>	<p>CAPITAL GAINS</p>	<p>\$1 - \$200</p>	<p>PS(part)</p>

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Barbara Lee

Page 3 of 9

	Mass. Investors Growth Fund (held in Fidelity SEP IRA)	\$1 - \$1,000	CAPITAL GAINS	\$1 - \$200	S(part)
	Oakland, CA Residential Property (portion rented out)	None	RENT/CAPITAL GAINS	\$100,001 - \$1,000,000	S
	Savings Plus Socially Responsible Fund (held in State of CA Savings Plus Deferred Compensation Program)	None	CAPITAL GAINS	\$201 - \$1,000	S
	SPP Int'l Mg Fund (held in State of CA Savings Plus Deferred Compensation Program)	None	None	NONE	S
	SPP Mid Cap Mg Fund-Growth (held in State of CA Savings Plus Deferred Compensation Program)	None	CAPITAL GAINS	\$1 - \$200	S
	Vanguard Total Bond Market Index Fund (held in State of CA Savings Plus Deferred Compensation Program)	None	CAPITAL GAINS	\$1 - \$200	S
	Wells Fargo Bank Checking Account, Sun City, AZ (held jointly with mother)	\$1,001 - \$15,000	INTEREST	\$1 - \$200	

SCHEDULE IV - TRANSACTIONS

Name Barbara Lee

Page 4 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Delaware SMID Cap Growth Class C Fund (held in Fidelity SEP IRA)	S(part)	No	10-15-10	Less than \$1,000
	Delaware SMID Cap Growth Class C Fund (held in Fidelity SEP IRA)	P	N/A	10-8-10	Less than \$1,000
	Delaware Trend Fund (held in Fidelity SEP IRA)	S	No	9-3-10	\$1,001 - \$15,000
	Fidelity Freedom 2020 Fund (held in Fidelity SEP IRA)	S(part)	No	9-1-10 and 10-13-10	\$15,001 - \$50,000
	Fidelity Freedom 2020 Fund (held in Fidelity SEP IRA)	P	N/A	5-10-10 and 12-14-10	\$15,001 - \$50,000
	Mass Investors Growth Fund (held in Fidelity SEP IRA)	S(part)	Yes	9-3-10 and 10-15-10	\$1,001 - \$15,000
	Oakland, CA Residential Property (portion rented out)	S	Yes	11-24-10	\$1,000,001 - \$5,000,000
	Savings Plus Socially Responsible Fund (held in State of CA Savings Plus Deferred Compensation Program)	S	Yes	4-29-10	\$1,001 - \$15,000
	SPP Int'l Mg Fund (held in State of CA Savings Plus Deferred Compensation Program)	S	No	4-29-10	\$1,001 - \$15,000
	SPP Mid Cap Mg Fund - Growth (Held in State of CA Savings Plus Deferred Compensation Program)	S	No	4-29-10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name Barbara Lee

Page 5 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain In Excess of \$200?	Date	Amount of Transaction
	Vanguard Total Bond Market Index Fund (held in State of CA Savings Plus Deferred Compensation Program)	S	No	4-29-10	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

Name Barbara Lee

Page 6 of 9

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	Wright-Patman Congressional Federal Credit Union, Washington DC	August 2009	Personal Loan PAID OFF IN 2010	\$15,001 - \$50,000
	Wachovia		Mortgage on Oakland residential property (portion of home rented out) PAID OFF IN 2010	\$1,000,001 - \$5,000,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Barbara Lee

Page 7 of 9

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
NAACP (Workshop panelist)	Jul. 10-11	Phoenix, AZ-Kansas City, MO- DC	Y	Y	Y	None

SCHEDULE VIII - POSITIONS

Name Barbara Lee

Page 8 of 9

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	WILL/WAND (Nonprofit Public Benefit Corporation)
Board Member	Project Vote Smart (Nonprofit Public Benefit Corporation)
Trustee	Ghana Children's Fund (Nonprofit Public Benefit Corporation, a Project of the East Bay Community Foundation)
Advisory Board Member	American Progressive Caucus Foundation (Nonprofit Public Benefit Foundation)
Ex Officio Board Member	Congressional Black Caucus Foundation, Inc. (Nonprofit Public Benefit Foundation) - No longer a Member effective February 2010
Honorary Chair, Advisory Board	Hip Hop Caucus (Nonprofit Public Benefit Foundation)
Honorary Member, Advisory Council	The Global AIDS Alliance (Nonprofit Public Benefit Corporation - No longer a Member effective February, 2010)

SCHEDULE IX - AGREEMENTS

Name Barbara Lee

Page 9 of 9

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
1990-1998	State of California	Deferred Compensation Program administered by the State of California pursuant to IRC section 457. All interests disposed of in 2010.

**UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

Form A
For use by Members, officers, and employees

Page 1 of 2

Name: GERALD (Jerry) MARK McNERNEY Daytime Telephone: _____

LEGISLATIVE RESOURCE CENTER
2011 MAY 16 PM 3:24
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Filer Status	<input type="checkbox"/> Member of the U.S. House of Representatives	State: _____ District: _____	<input type="checkbox"/> Officer or Employee	Employing Office: _____
Report Type	<input checked="" type="checkbox"/> Annual (May 16, 2011)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date: _____

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name GERALD M. MCNERNEY

Page 2 of 2

BLOCK A Asset and/or Income Source			BLOCK B Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.</p> <p>For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.</p>			<p>Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.</p> <p>If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."</p>												<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>							<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>											<p>Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p> <p>If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.</p>
			A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI		
			None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000	P, S, E
SP, DC, JT	Examples:	Mega Corp. Stock					X								X			X		Royalties				X						X		S (partial)	
		Simon & Schuster																															
		1st Bank of Paducah, KY Accounts						X									X								X								
		SAVINGS BANK of America			✓																	✓											
		US PATENT # 6,478,606	✓																			✓											
		US PATENT # 7,351,033																				✓											
SP		DUKE/MIDSTREAM		✓																Royalties		✓											
SP		VALERO MARKETING & Supply		✓																		✓											

For additional assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

Page 1 of 15 LATE RESOURCE CENTER

2011 MAY 16 PM 5:47

K. Jacqueline Speier
(Full Name)

202-225-3531
(Daytime Telephone)

HAND DELIVERED
(Office Use Only)

Filer Status

☒ Member of the U.S. House of Representative

State: CA
District: 12

☐ Officer Or Employee

Employing Office

Report Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTION

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTION

<p>Trusts--</p>	<p>Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>Exemptions--</p>	<p>Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

SCHEDULE I - EARNED INCOME

Name K. Jacqueline Speier

Page 2 of 15

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Strategic Investment Solutions, Inc. San Francisco, CA	Spouse Salary	N/A
State of California	Legislative Pension	\$6,000

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name K. Jacqueline Speier

Page 3 of 15

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package. Employees may request a green envelope from the Clerk or use a plain envelope that is appropriately labeled.

Source	Activity	Date	Amount
Kings Wealth Planning, California	Speech	March 11, 2010	\$1,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name K. Jacqueline Speier

Page 4 of 15

BLOCK A
Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.

For rental or other real property held for investment, provide a complete address.

For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or

BLOCK B
**Year-End
Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."

BLOCK C
Type of Income

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.

BLOCK D
Amount of Income

For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

BLOCK E
Transaction

Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

	33 Park Road, #7 Burlingame, CA 94010	\$500,001 - \$1,000,000	RENT	\$15,001 - \$50,000	
	4305 Auburn Blvd. Sacramento, CA 95814	\$1,000,001 - \$5,000,000	RENT	\$100,001 - \$1,000,000	
	620 Stonegate Drive S. San Francisco, CA 94080	\$250,001 - \$500,000	RENT	\$15,001 - \$50,000	
	730 Alhambra Sacramento, CA 95816	\$1,000,001 - \$5,000,000	RENT	\$50,001 - \$100,000	
SP	American Century (IRA) Vista	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	Ameriprise (IRA) International Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name K. Jacqueline Speier

Page 5 of 15

SP	Bank of America (Assets)	\$15,001 - \$50,000	INTEREST/INTE REST	\$201 - \$1,000	
SP	Charles Schwab - Black Diamond, formerly known as Clarus Corp Stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Charles Schwab Anglogold Ashanti LT Stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Charles Schwab Daytonabrand's Stock	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
	Charles Schwab Genentech, Inc. Stock	\$15,001 - \$50,000	None	NONE	
	Charles Schwab (Assets)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Charles Schwab (IRA) Cisco Systems, Inc. Stock	\$1,001 - \$15,000	None	NONE	
	Charles Schwab (IRA) Hewlett-Packard Company Stock	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
	Charles Schwab (IRA) Hewlett-Packard Company Stock	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	Charles Schwab (IRA) Schwab Money Market Fund	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	Charles Schwab (Strategic) Schwab Money Market Fund	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
SP	Charles Schwab (Strategic) Dell Inc. Stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
DC	Charles Schwab (Trust) Advanced Micro Devices Stock	\$1,001 - \$15,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name K. Jacqueline Speier

Page 6 of 15

DC	Charles Schwab (Trust) Alcatel Lucent ADR Stock	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
DC	Charles Schwab (Trust) Comcast Corp. Stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
DC	Charles Schwab (Trust) McKesson Corp. Stock	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
DC	Charles Schwab (Trust) Meadwestvao Corp. Stock	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
DC	Charles Schwab (Trust) Microsoft Corp. Stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
DC	Charles Schwab (Trust) Pac-West Telecomm, Inc. Stock	\$1 - \$1,000	None	NONE	
DC	Charles Schwab (Trust) Schwab Money Market Fund	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
DC	Charles Schwab (Trust) The Charles Schwab Corp. Stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
DC	Charles Schwab (Trust) Walt Disney Co. Stock	\$15,001 - \$50,000	None	NONE	
	Charles Schwab Savings Plus (401k) Short-term Investment Fund	\$1,001 - \$15,000	DIVIDENDS	\$5,001 - \$15,000	
	Charles Schwab Savings Plus 401 (k) International Fund	\$15,001 - \$50,000	DIVIDENDS	\$5,001 - \$15,000	
	Charles Schwab Savings Plus 401 (k) Large Cap Fund	\$50,001 - \$100,000	DIVIDENDS	\$5,001 - \$15,000	
SP	Charles Schwab Amereco Stock	\$1 - \$1,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name K. Jacqueline Speier

Page 7 of 15

SP	Charles Schwab Discovery Holding Co. Stock	\$1 - \$1,000	DIVIDENDS	\$1 - \$200
SP	Charles Schwab DWS Emerging Market Mutual	\$15,001 - \$50,000	DIVIDENDS	\$2,501 - \$5,000
SP	Charles Schwab First Medical Group	\$1 - \$1,000	DIVIDENDS	\$1 - \$200
SP	Charles Schwab Graham-Field Health, PR Stock	\$1 - \$1,000	DIVIDENDS	\$1 - \$200
SP	Charles Schwab Healthsport Inc. Stock	\$1 - \$1,000	DIVIDENDS	\$1 - \$200
SP	Charles Schwab Liberty Media Interactive Stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200
SP	Charles Schwab Mphase Technologies, Inc. Stock	\$1 - \$1,000	DIVIDENDS	\$1 - \$200
SP	Charles Schwab Schwab Value Money Market	\$250,001 - \$500,000	DIVIDENDS	\$1,001 - \$2,500
SP	Charles Schwab Star Scientific, Inc. Stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200
SP	Charles Schwab Trimedyn, Inc. Stock	\$1 - \$1,000	DIVIDENDS	\$201 - \$1,000
SP	Charles Schwab Zap.com Corp Stock	\$1 - \$1,000	DIVIDENDS	\$1 - \$200
SP	Charles Schwab Zapata Corp. Stock	\$1 - \$1,000	DIVIDENDS	\$201 - \$1,000
	City Morgan Stanley Electronic Arts Stock	\$1,001 - \$15,000	None	NONE

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name K. Jacqueline Speier

Page 8 of 15

	City Morgan Stanley AOL Stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	City National Bank Account	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
DC	City National Bank Accounts	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	Federal Thrift Savings Plan	\$50,001 - \$100,000	DIVIDENDS	\$1,001 - \$2,500	
DC	Fidelity - EDU CA Guaranteed Option Fund	\$50,001 - \$100,000	DIVIDENDS	\$1,001 - \$2,500	
SP	Gabelli Asset Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Gabelli Small Capital Growth	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	Med America 401 (k) - Retirement	\$250,001 - \$500,000	DIVIDENDS	\$5,001 - \$15,000	
	Nuveen California Ins Muni A Fund	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
DC	PG&E Stock (one share)	\$1 - \$1,000	DIVIDENDS	\$1 - \$200 (\$4.00)	
	Red Wheel/Weiser/Conari - Book Agreement	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	Schwab - Microsoft Stock	\$15,001 - \$50,000	None	NONE	
SP	Schwab INTEL Stock	\$15,001 - \$50,000	None	NONE	
SP	Schwab Seraph Parturus II Stock	\$15,001 - \$50,000	DIVIDENDS	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name K. Jacqueline Speier

Page 9 of 15

DC	Sterling Bank	\$100,001 - \$250,000	INTEREST	\$201 - \$1,000	
	Sterling Bank	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	
	Sterling Bank - Speier Family Partners (Assets)	\$100,001 - \$250,000	INTEREST	\$5,001 - \$15,000	
SP	Strategic Investment Solutions Stock (CA)	\$1,000,001 - \$5,000,000	None	NONE	
	U.S. Bank - Speier Family Partners	\$50,001 - \$100,000	INTEREST	\$1 - \$200	
	US Bank Accounts	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
SP	Vanguard (IRA) Explorer Fund Admiral	\$100,001 - \$250,000	DIVIDENDS	\$15,001 - \$50,000	
SP	Vanguard (IRA) Growth Equity Fund	\$100,001 - \$250,000	DIVIDENDS	\$15,001 - \$50,000	
SP	Vanguard (IRA) International Growth Adm Fund	\$100,001 - \$250,000	DIVIDENDS	\$15,001 - \$50,000	
SP	Vanguard (IRA) International Value Fund	\$100,001 - \$250,000	DIVIDENDS	\$15,001 - \$50,000	
SP	Vanguard (IRA) Windsor II Fund Adm	\$100,001 - \$250,000	DIVIDENDS	\$15,001 - \$50,000	
SP	Vanguard (IRA) Federal Money Market Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	VIRxSYS - (Stock) (VA)	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	

SCHEDULE V - LIABILITIES

Name K. Jacqueline Speier

Page 10 of 15

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	American River Bank	June 2009	Mortgage on 730 Alhambra, Sacramento, CA	\$500,001 - \$1,000,000

SCHEDULE VI - GIFTS

Name K. Jacqueline Speier

Page 11 of 15

Report the source, a brief description, and the value of all gifts totaling more than \$335 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Capitol Hill Towers/ McWilliams Ballard, Inc.	Referral fee for introducing coop buyer (offered to all coop owners who refer buyers)	\$1,500

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name K. Jacqueline Speier

Page 12 of 15

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Information Systems Security Association Symposium	October 20 - 21, 2010	San Francisco - Long Beach - San Francisco	Y	Y	N	None

SCHEDULE VIII - POSITIONS

Name K. Jacqueline Speier

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organizatio
Board Director	Philanthropic Ventures Foundation (PVF) 1222 Preservation Park Way Oakland, CA 94612-1201

SCHEDULE IX - AGREEMENTS

Name K. Jacqueline Speier

Page 14 of 15

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
2006	Red Wheel/Weiser/Conari, 65 Parker Street, Suite 7, Newburyport, MA 01950	Book
2006	CA State Legislative Pension Fund	Continued Participation in Pension Fund

FOOTNOTES

Name K. Jacqueline Speier

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Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	Disbursement for Dependent Child's College Fund - Graduated in June 2010	Fidelity - EDU - CA 100% Equity (Index) Fund
2	Schedule III	Stocks options expired during specified period of time	Safelife Stock Option Medical Mask, San Diego, CA
3	Schedule III	Company went bankrupt	Citadel Broadcasting

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Form A
 For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2011 MAY -3 PM 12:18

MC OFFICE OF THE CLERK
 U.S. HOUSE OF REPRESENTATIVES
 (Office Use Only)

Name: Anna Georges Zshoo

Daytime Telephone: 202-225-8104

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: _____ District: _____	<input type="checkbox"/> Officer or Employee	Employing Office: _____
	Report Type	<input checked="" type="checkbox"/> Annual (May 16, 2011)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination Termination Date: _____

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Name Anna Georges Esch Page 3 of 5

For additional assets and unearned income, use next page.

SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Continuation Sheet (if needed)

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction		
		A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	P, S, E			
		None	\$1 – \$1,000	\$1,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$250,000	\$250,001 – \$500,000	\$500,001 – \$1,000,000	\$1,000,001 – \$5,000,000	\$5,000,001 – \$25,000,000	\$25,000,001 – \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1 – \$200	\$201 – \$1,000	\$1,001 – \$2,500	\$2,501 – \$5,000	\$5,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$1,000,000	\$1,000,001 – \$5,000,000			Over \$5,000,000	
	<u>Fidelity Investments</u>																																	
	<u>Mutual Funds</u>																																	
	<u>Fidelity Tax-Free Bond</u>						X									X						X												
	<u>Berwyn Income Fund</u>						X									X							X										D	
	<u>FPA Crescent Instl.</u>						X									X							X										D	
	<u>First Eagle Global Class</u>						X									X								X									D	
	<u>Cokermark Equity + Income</u>						X									X							X										D	
	<u>Permanent Portfolio</u>						X									X									X								P	
	<u>Fidelity CA Muni Money Market</u>				X												X					X											S (partial)	
	<u>Cash</u>		X														X					X												

Name Anna Georges Zscho Page 5 of 5

Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the “capital gains” box and disclose this income on Schedule III.

SP, DC, JT	Asset	
SP	<i>Example:</i>	Mega Corporation Common Stock (partial sale)

Type
of Transaction

Check Box if Capital Gain Exceeded \$200

Date

(MO/DAY/YR)
or
Quarterly,
Monthly, or
Bi-weekly, if
applicable

Amount of Transaction

A	B	C	D	E	F	G	H	I	J
\$1,001-	\$15,001-	\$50,001-	\$100,001-	\$250,001-	\$500,001-	\$1,000,001-	\$5,000,001-	\$25,000,001-	\$50,000,000
\$15,000	\$50,000	\$100,000	\$250,000	\$500,000	\$1,000,000	\$5,000,000	\$25,000,000	\$50,000,000	Over \$50,000,000

SP, DC, JT

Asset

SP	Example:	Mega Corporation Common Stock (partial sale)
----	----------	--

$$\overline{x}$$

10-12-10

X



8

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Moved Hartford Group 401-K to
Thrift Savings Plan
March-10-2010

3-10-10

13

Fidelity CA Muni Money Market

x

4-25-10

X

Berwyn Income Fund

•

4-25-10

2

FPA Crescent Intl

X

4-25-10

7

First Eagle Global Class

4-25-10

Oakmark Zebra + Incon Fd.

•

4-25 10

✓

Permanent Portfolio

4-25-10

✓

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 7
 For use by Members, officers, and employees

HAND DELIVERED

Michael M. Honda

(Full Name)

202-225-2631

(Daytime Telephone)

2011 MAY 13 PM 1:28

(Office Use Only)

MC

Filer Status

☒ Member of the U.S. House of Representatives
 State: CA
 District: 15

☐ Officer Or Employee

Employing Office:

U.S. HOUSE OF REPRESENTATIVES

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

Report Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$336 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$336 from one source)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

<p>Trusts--</p>	<p>Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>Exemptions--</p>	<p>Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

SCHEDULE I - EARNED INCOME

Name Michael M. Honda

Page 2 of 7

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
California State Teachers Retirement System	CalSTRS defined benefit retirement pay	\$36,171
California State Teachers Retirement System	CalSTRS deceased spouse family allowance	\$12,096
California State Employees Retirement System	CalPERS defined benefit retirement pay	\$12,372

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael M. Honda

Page 3 of 7

BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or	BLOCK B Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	BLOCK D Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
Acacia Life Insurance Universal Life Policy	\$50,001 - \$100,000	None	NONE	
Americo Financial Life and Annuity Insurance Co., Single Premium Annuity	\$50,001 - \$100,000	None	NONE	
Americo Financial Life and Annuity Insurance Co., Single Premium Annuity	\$100,001 - \$250,000	None	NONE	
Fidelity Adv Equity Growth Opport CL T	\$1,001 - \$15,000	None	NONE	
Fidelity Adv Growth Opport CL T	\$1,001 - \$15,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael M. Honda

Page 4 of 7

	International County/City Mgrs. Assoc. 457 Deferred Comp. Plan, 100% in PLUS Fund	\$50,001 - \$100,000	None	NONE	
	Sun Life common stock (SLF)	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
	Union Bank	\$100,001 - \$250,000	INTEREST	\$201 - \$1,000	
	Vacant land, San Bernardino County parcel # 0420271130000	\$1,001 - \$15,000	None	NONE	
	Wells Fargo Mid Cap Growth Fund Class A (WFMZX)(formerly Evergreen Mid-Cap Growth)	\$1,001 - \$15,000	None	NONE	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Michael M. Honda

Page 5 of 7

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Center for Democracy in the Americas	May 29- Jun 2	DC-Honduras/El Salvador-DC	Y	Y	N	None
Congressional Black Caucus Foundation	Nov 12- Nov 13	NY City-Philadelphia, PA-DC	Y	N	N	None

SCHEDULE VIII - POSITIONS

Name Michael M. Honda

Page 6 of 7

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member (uncompensated)	Asian Pacific American Institute for Congressional Studies

SCHEDULE IX - AGREEMENTS

Name Michael M. Honda

Page 7 of 7

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
Indefinite	Me/California State Teachers Retirement System	I am a participant in the CalSTRS defined benefit retirement plan
Indefinite	Me/California Public Employees Retirement System	I am a participant in the CalPERS defined benefit plan

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 7
For use by Members, officers, and employees

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2011 MAY 16 AM 9:49

MC

Sam Farr

(202) 225-2861

(Full Name)

(Daytime Telephone)

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status

☒ Member of the U.S. House of Representatives
State: CA District: 17

☐ Officer Or Employee
Employing Office:

Report Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>Trusts--</p>	<p>Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>Exemptions--</p>	<p>Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

SCHEDULE I - EARNED INCOME

Name Sam Farr

Page 2 of 7

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Partners for Transition LLC	Spouse Salary	N/A
California Public Employees Retirement System/Legislative Retirement	Pension Income	\$15,920

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Sam Farr

Page 3 of 7

BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any domestic totaling \$5,000 or less in a personal checking or	BLOCK B Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	BLOCK D Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
Boeing Company Stock	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	S(part)
Charles Schwab Money Market Account	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
Charles Schwab Money Market Fund (held in IRA)	\$15,001 - \$50,000	DIVIDENDS/Capital Gains (Reinvested)	\$201 - \$1,000	
Chevy Chase Land Company	\$50,001 - \$100,000	DIVIDENDS	\$15,001 - \$50,000	
Colgate Palmolive Stock	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	S(part)
Congressional Federal Credit Union (IRA account)	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Sam Farr

Page 4 of 7

	Congressional Federal Credit Union (Savings and Checking Accounts)	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	Devil's Flat Association	\$15,001 - \$50,000	None	NONE	
	General Electric Stock	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	S(part)
	Hartford Financial Services Stock	None	DIVIDENDS//CAPITAL GAINS	\$5,001 - \$15,000	S
	Hewlett-Packard Stock	\$50,001 - \$100,000	DIVIDENDS	\$201 - \$1,000	S(part)
	IBM Corp. Stock	\$50,001 - \$100,000	DIVIDENDS	\$1,001 - \$2,500	S(part)
	Intel Corp. Stock	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	S(part)
	Interest - CA State Retirement System (includes CA Legislative Retirement)	\$15,001 - \$50,000	INTEREST	\$2,501 - \$5,000	
	Lots 7,9, 10 (SE corner of Santa Lucia & Camino Real), Carmel, CA	\$250,001 - \$500,000	None	NONE	
	Motorola Inc. Stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	S(part)
	Pfizer Inc. Stock	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	S(part)
	Point 16, Big Sur, CA LLC Membership Interest	\$500,001 - \$1,000,000	RENT	\$15,001 - \$50,000	
	Sharlands Investment Company	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Sam Farr

Page 5 of 7

	Sorensen's Resort Partnership Interest	\$15,001 - \$50,000	Other: Partnership distribution	\$2,501 - \$5,000	
	Tahoe Cabin	\$15,001 - \$50,000	RENT	\$201 - \$1,000	
	Vista Lobos Apartments (Interest held through the Farr Children's Trust and the Delores Farr Trust. Filer is 50% beneficiary.)	\$250,001 - \$500,000	RENT	\$50,001 - \$100,000	

SCHEDULE IV - TRANSACTIONS

Name Sam Farr

Page 6 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Boeing Company Stock	S(part)	No	11-15-10	\$1,001 - \$15,000
	Colgate Palmolive Stock	S(part)	No	11-15-10	\$1,001 - \$15,000
	General Electric Stock	S(part)	No	11-15-10	\$1,001 - \$15,000
	Hartford Financial Services Stock	S	Yes	11-3-10 and 11-4-10	\$1,001 - \$15,000
	Hewlett-Packard Stock	S(part)	No	11-15-10	\$1,001 - \$15,000
	IBM Corp. Stock	S(part)	No	11-15-10	\$1,001 - \$15,000
	Intel Corp. Stock	S(part)	No	11-15-10	\$1,001 - \$15,000
	Motorola Inc. Stock	S(part)	No	11-15-10	\$1,001 - \$15,000
	Pfizer Inc. Stock	S(part)	No	11-15-10	\$1,001 - \$15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Sam Farr

Page 7 of 7

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Aspen Institute Congressional Program on Education Accountability and Testing	Aug. 16-20	Monterey-Vancouver BC- Monterey	Y	Y	Y	None

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 8
 For use by Members, officers, and employees

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OFFICE OF THE CLERK
 U.S. HOUSE OF REPRESENTATIVES

MC

Dennis A. Cardoza

(202) 225-6131

(Full Name)

(Daytime Telephone)

HAND DELIVERED

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>CA</u> District: <u>18</u>	<input type="checkbox"/> Officer Or Employee	Employing Office: _____	A \$200 penalty shall be assessed against anyone who files more than 30 days late.
	Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VIII.
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule V.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Dennis A. Cardoza

Page 2 of 6

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
University Care at Shipley's Choice	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Dennis A. Cardoza

Page 3 of 6

BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any domestic debt of \$5,000 or less in a personal checking or		Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
SP	US Treasury Money Fund of American Funds (held in 401k account with UBS Financial Services)	\$15,001 - \$50,000	DIVIDENDS (reinvested)	\$1 - \$200	
DC1	Bank of America, Washington DC	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
DC3	Bank of America, Washington, DC	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
DC2	Bank of America, Washington DC	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
	Bank of America (Checking and Savings Accounts), Merced, CA	\$15,001 - \$50,000	INTEREST	\$2,501 - \$5,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Dennis A. Cardoza

Page 4 of 6

	Charles Schwab Bank Account	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	5576 Zeiner Court, Atwater, CA	\$250,001 - \$500,000	RENT	\$15,001 - \$50,000	
	Congressional Federal Credit Union Checking and Savings Accounts	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500	
	Jade River - Racehorse	\$1,001 - \$15,000	None	NONE	
	Conexant Systems Inc. New Stock	\$1,001 - \$15,000	None	NONE	
	Sprint Nextel Corp. Stock	\$1,001 - \$15,000	None	NONE	
	Undenied - Racehorse	None	Race Purses	\$2,501 - \$5,000	S
	Regrettable Romance - Racehorse/Broodmare	\$15,001 - \$50,000	Race Purses	\$15,001 - \$50,000	
	Beau American - Racehorse	\$1,001 - \$15,000	Race Purses	\$2,501 - \$5,000	
	Pattysbuddy - Racehorse	None	Race Purses	\$5,001 - \$15,000	S
SP	SSGA Dow Jones Target 2025 Fund (held through Mass Mutual Financial Group - Spouse's 401k account opened in 2009)	\$15,001 - \$50,000	DIVIDENDS (reinvested)	\$1,001 - \$2,500	
	Capital One Bank, Laurel, Maryland	\$100,001 - \$250,000	INTEREST	\$1,001 - \$2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Dennis A. Cardoza

Page 5 of 6

	Flying Spirit - Racehorse (Disposed of in 2010 - no payment received yet.)	None	None	NONE	S
	Neveah's Promise - Racehorse born 3-25-10 to filer's broodmare	\$1,001 - \$15,000	None	NONE	
	Tres Locos - Racehorse (one- third interest)	\$1,001 - \$15,000	None	NONE	P
	Triple Vision - Racehorse (one- third interest)	\$1,001 - \$15,000	None	NONE	P
	Cardoberg Stables LLC (formed in 2010) one-half interest	\$1,001 - \$15,000	None	NONE	
	Unanimous Consent - Racehorse (held by Cardoberg Stables LLC)	\$1,001 - \$15,000	None	NONE	P
	Goodness Greatness - Racehorse	\$1,001 - \$15,000	Race Purses	\$15,001 - \$50,000	P
	Found in Dark - Racehorse	\$1,001 - \$15,000	Race Purses	\$15,001 - \$50,000	P
	Wellington Arch - Racehorse	\$1,001 - \$15,000	None	NONE	P
	Bank of America Checking Account (held by Cardoberg Stables LLC)	\$1,001 - \$15,000	None	NONE	

SCHEDULE IV - TRANSACTIONS

Name Dennis A. Cardoza

Page 6 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Flying Spirit - Racehorse (Horse transferred in 2010 - payment not yet received)	S	No	11-12-10	None received yet
	Found in Dark - Racehorse (Purchased in claiming transaction)	P	N/A	4-18-10	\$1,001 - \$15,000
	Goodness Greatness - Broodmare/Racehorse	P	N/A	4-10-10	\$1,001 - \$15,000
	Patty's Buddy - Racehorse (Sold in claiming transaction)	S	No	5-8-10	\$1,001 - \$15,000
	Tres Locos - Racehorse (one-third interest)	P	N/A	12-11-10	\$1,001 - \$15,000
	Triple Vision - Racehorse (one-third interest)	P	N/A	10-5-10	\$1,001 - \$15,000
	Unanimous Consent - Racehorse (held by Cardoberg Stables LLC)	P	N/A	8-17-10	\$1,001 - \$15,000
	Undenied - Racehorse (Sold in claiming transaction)	S	N/A	3-6-10	\$1,001 - \$15,000
	Wellington Arch - Racehorse	P	N/A	2-20-10	\$1,001 - \$15,000

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT		FORM A Page 1 of 6 For use by Members, officers, and employees	
James M. Costa (Full Name)		(202) 225-3341 (Daytime Telephone)	
Filer Status: <input checked="" type="checkbox"/> Member of the U.S. House of Representatives State: <u>CA</u> District: <u>20</u>		<input type="checkbox"/> Officer Or Employee Employing Office: _____	
Report Type: <input checked="" type="checkbox"/> Annual (May 15)		<input type="checkbox"/> Amendment <input type="checkbox"/> Termination Termination Date: _____	

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PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII.
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule V.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name James M. Costa

Page 2 of 6

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
California Public Employees Retirement Systems	Legislative Pension	\$3,607
California Legislators Retirement System	Legislative Pension	\$7,126

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James M. Costa

Page 3 of 6

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.

For rental or other real property held for investment, provide a complete address.

For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement

BLOCK B

Year-End Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."

BLOCK C

Type of Income

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.

BLOCK D

Amount of Income

For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

BLOCK E

Transaction

Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

1750 S. Chateau Fresno, CA	\$250,001 - \$500,000	RENT	\$5,001 - \$15,000	
408 5th Street St. SE, Washington D.C.	\$5,000,001 - \$25,000,000	RENT	\$15,001 - \$50,000	
Congressional Federal Credit Union	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
Costa Farms Fresno, CA	\$1,000,001 - \$5,000,000	Farm Real Estate	\$100,001 - \$1,000,000	
Portuguese Fraternal Society of America (formerly Supreme Council of S.E.S)	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
Premier Valley Bank Stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James M. Costa

Page 4 of 6

	Wachovia Securities 401K (not self-directed)	\$100,001 - \$250,000	Retirement Plan	\$2,501 - \$5,000	
	Wells Fargo Bank	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	West America Bancorp Stock	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	

SCHEDULE V - LIABILITIES

Name James M. Costa

Page 5 of 6

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	United Security Bank	Oct 2007	Personal	\$250,001 - \$500,000
	The National Capitol Bank	Jul 2006	Mortgage on 408 5th Street S.E., Washington DC	\$250,001 - \$500,000

SCHEDULE VIII - POSITIONS

Name James M. Costa

Page 6 of 6

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	National Conference of State Legislatures Foundation
Board Member	The Maddy Institute, CA State University, Fresno

JIM COSTA

20TH DISTRICT, CALIFORNIA
WEB PAGE: www.costa.house.gov

COMMITTEE ON NATURAL RESOURCES

SUBCOMMITTEE ON
ENERGY AND MINERAL RESOURCES
SUBCOMMITTEE ON
WATER AND POWER



**CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, DC 20515**

COMMITTEE ON AGRICULTURE
SUBCOMMITTEE ON
CONSERVATION, ENERGY AND FORESTRY
SUBCOMMITTEE ON
RURAL DEVELOPMENT, RESEARCH,
BIOTECHNOLOGY AND FOREIGN AGRICULTURE
RANKING MEMBER

June 2, 2011

The Honorable Karen Haas
Office of the Clerk
U.S. House of Representatives
Legislative Resources Center
B-106 Cannon House Office Building
Washington, D.C. 20515

Dear Ms. Haas:

This letter is to amend my Calendar Year 2010 Financial Disclosure Statement that was submitted on May 13, 2011.

In Schedule VII, Travel Payments and Reimbursements, I inadvertently left out a trip source. It should be amended as following:

Source: Association of California Water Agencies (ACWA)
Dates: May 6, 2010 to May 7, 2010
Point of Departure and Return: DC – Monterey, CA, - Fresno, CA
Lodging: Yes
Food: Yes
W/Family Member: No
Days not at sponsor's expense: None

Please note that I did submit a post-travel disclosure form on May 20, 2010. I appreciate having this item brought to my attention and ask that this amendment be included to my CY2010 Financial Disclosure Statement.

Sincerely,



Jim Costa

Member of Congress

LEGISLATIVE RESOURCE CENTER
2011 JUN -3 PM 1:46
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

WASHINGTON OFFICE:
1314 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
PHONE: (202) 225-3341
FAX: (202) 225-9308

FRESNO OFFICE:
855 M STREET, SUITE 940
FRESNO, CA 93721
PHONE: (559) 495-1620
FAX: (559) 495-1027

BAKERSFIELD OFFICE:
2700 M STREET, SUITE 225
BAKERSFIELD, CA 93301
PHONE: (861) 869-1620
FAX: (861) 869-1027

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT
FORM A

Page 1 of 6

For use by Members, officers, and employees

MAY 12 PM 2:21

Devin Gerald Nunes

202-225-2523

(Full Name)

(Daytime Telephone)

U.S. HOUSE OF REPRESENTATIVES

MC
(Office Use Only)**Filer Status**
☒ Member of the U.S. House of Representatives
 State: CA
 District: 21

☐ Officer Or Employee
 Employing Office:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.
Report Type
☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VII.
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII.
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IX.
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule V.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Devin Gerald Nunes

Page 2 of 6

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Tulare County Board of Education	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Devin Gerald Nunes

Page 3 of 6

BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or <th>BLOCK B Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."<th>BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. 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JT	Alpha Omega Winery, LLC	\$50,001 - \$100,000	None	NONE	
JT	Bank of America, Savings Account	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
JT	Condo, Visalia, CA	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Devin Gerald Nunes

Page 4 of 6

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
American Israel Education Foundation	July 5-12	Fresno-Tel Aviv-Fresno (spouse) Fresno-Tel Aviv- Wash DC (Member)	Y	Y	Y	None

SCHEDULE VIII - POSITIONS

Name Devin Gerald Nunes

Page 5 of 6

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Limited Partner	Alpha Omega Winery

SCHEDULE IX - AGREEMENTS

Name Devin Gerald Nunes

Page 6 of 6

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
August 9	WND Books	Bool publishing agreement

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 5
For use by Members, officers, and employees

Kevin McCarthy
(Full Name)

202-225-2915
(Daytime Telephone)

HAND DELIVERED

2011 MAY 16 AM 11:56

OFF (Office Use Only)

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status

☒ Member of the U.S. House of Representatives
State: CA
District: 22

☐ Officer Or Employee
Employing Office:

Report Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Kevin McCarthy

Page 2 of 5

<p>BLOCK A</p> <p>Asset and/or Income Source</p> <p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>	<p>BLOCK B</p> <p>Year-End Value of Asset</p> <p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>BLOCK C</p> <p>Type of Income</p> <p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>BLOCK D</p> <p>Amount of Income</p> <p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>BLOCK E</p> <p>Transaction</p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
Alexander & Baldwin Inc. Stock	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
Alliance Growth and Income Class C	\$15,001 - \$50,000	None	NONE	
DC American Funds - Growth Funds	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
DC American Funds - Growth Funds	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
Calamos Growth Fund Class A	\$1,001 - \$15,000	None	NONE	
Diageo PLC Sponsored Adr New stock	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Kevin McCarthy

Page 3 of 5

	Duke Energy Corp New Com stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Golden One Credit Union	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	Growth Fund of America Class C	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
	International Game Technology stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Karpe Mortgage	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	Kern Schools Federal Credit Union	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
	New Economy Fund Class A	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
	New Perspective Fund Class A	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
	New World Fund Class A	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	OCM Gold Fund 67087F101	\$15,001 - \$50,000	CAPITAL GAINS	\$1,001 - \$2,500	

SCHEDULE VIII - POSITIONS

Name Kevin McCarthy

Page 4 of 5

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member	CMR LLC

SCHEDULE IX - AGREEMENTS

Name Kevin McCarthy

Page 5 of 5

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
3-8-10	CMR LLC and Simon & Shuster, Inc.	Book publishing agreement

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 6
For use by Members, officers, and employees

HAND DELIVERED

Lois G. Capps
(Full Name)

805-730-1710
(Daytime Telephone)

LEGISLATIVE RESOURCE CENTER

2011 MAY -3 PM 2:27
(Office Use Only) *MC*

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>CA</u> District: <u>23</u>	<input type="checkbox"/> Officer Or Employee	Employing Office: _____	U.S. HOUSE OF REPRESENTATIVES OFFICE OF THE CLERK A \$200 penalty shall be assessed against anyone who files more than 30 days late.
	Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Lois G. Capps

Page 2 of 6

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
State Teachers Retirement System	Pension	\$19,680
University of CA Retirement System	Pension	\$46,582
Pershing LLC	IRA Distribution	\$1,949

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lois G. Capps

Page 3 of 6

BLOCK A
Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.

For rental or other real property held for investment, provide a complete address.

For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or

BLOCK B
Year-End Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."

BLOCK C
Type of Income

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.

BLOCK D
Amount of Income

For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

BLOCK E
Transaction

Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

	Congressional Federal Credit Union	\$1,001 - \$15,000	None	NONE	
	Harper Collins	Indefinite	Royalties	\$201 - \$1,000	
	ING	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	IRA - Artio Intl Equity Fund II	\$1,001 - \$15,000	None	NONE	
	IRA - Capitol World Bond Fund	\$1,001 - \$15,000	None	NONE	
	IRA - Dodge & Cox Income Fund	\$1,001 - \$15,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lois G. Capps

Page 4 of 6

	IRA - Fidelity Advisor New Insights	\$1,001 - \$15,000	None	NONE	
	IRA - Financial Network (money market funds)	\$1 - \$1,000	None	NONE	
	IRA - Powershares ETF Trust Wilder Hill Clean Energy	\$1,001 - \$15,000	None	NONE	
	IRA - T Rowe Price Capital Appreciation	\$15,001 - \$50,000	None	NONE	
	MET Life	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	Rabobank	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	Santa Barbara Bank & Trust	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	Studio Apartment - 1724 Santa Barbara Street, SB, CA 93101	\$1,000,001 - \$5,000,000	RENT	\$5,001 - \$15,000	

SCHEDULE V - LIABILITIES

Name Lois G. Capps

Page 5 of 6

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	Santa Barbara Bank & Trust	June 2005	Mortgage on 1724 Santa Barbara St, Santa Barbara, CA	\$1,000,001 - \$5,000,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Lois G. Capps

Page 6 of 6

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
J Street	Feb. 12-19	Washington-Tel Aviv- Jerusalem-Amman-Ramallah- Santa Barbara	Y	Y	N	None
Yale University School of Nursing	April 19-20	Wshington-New Haven- Washington	Y	Y	N	None
American Public Health Association	Nov. 6-7	Santa Barbara-Denver-Santa Barbara	Y	Y	N	None
Campaign for Public Health Foundation	May 17	Washington-Atlanta- Washington	N	Y	N	None

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Form A
For use by Members, officers, and employees

Page 1 of 6

LEGISLATIVE RESOURCE CENTER

2011 MAY 12 AM 9:28

U.S. HOUSE OF REPRESENTATIVES

Name: ELTON GALLEGLY

Daytime Telephone: 202-225-5811

HAND DELIVERED
(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>CA</u> District: <u>24</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____
	Report Type	<input checked="" type="checkbox"/> Annual (May 16, 2011)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination Termination Date: _____

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

[illegible]

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name ELTON GALLEGLY

Page 3 of 6

BLOCK A Asset and/or Income Source		BLOCK B Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.		Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.												Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.						For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.											Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
Provide complete names of stocks and mutual funds (do not use ticker symbols.)		If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."																													
For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.		A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P S E
For rental or other real property held for investment, provide a complete address.		None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	
For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.																															
Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.																															
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.																															
For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.																															
SP	Mega Corp. Stock				X									X			X						X								S (partial)
DC, Examples:	Simon & Schuster			Indefinite																Royalties							X				
JT	1st Bank of Paducah, KY Accounts				X										X									X							
JT	1791 ERRINGER ROAD 5MI VALLEY, CA 93065							X							X										X						
JT	1491 DUARTE CIRCLE 5MI VALLEY, CA, 93065						X								X										X						
JT	12 VIA SANTANELLA RANCHO MIRAGE, CA							X							X										X						
* SP	SHRADER FAMILY TRUST 6335 GITANA, CAMARILLO, CA						X								X										X						
* SP	CHASE BANK (FORMERLY BNY & T-BILLS) 660 LOS ANGELES AVE, SIMI VALLEY				X											X						X									
SP	DYNAMIC REALTY		X																												

* INHERITANCE (REPRESENTS SPOUSES PORTION OF THE INHERITANCE)
For additional assets and unearned income, use next page.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ELTON GALLEGLY

Page 4 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction	
		A	B	C	D	E	F	G	H	I	J	K	L								I	II	III	IV	V	VI	VII	VIII	IX	X	XI	P, S, E	
		None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000		
JT	UNION BANK				X												X					X											
JT	CHASE BANK				X												X					X											
	KEOUGH - WELLS FARGO (CAP AD)			X													X					X											
	IRA-MERRILL LYNCH/B&A																																
	ALLIANCE BERNSTEIN GROWTH				X											X							X										
	CALAMUS GROWTH				X										X						X												
	JOHN HANCOCK VS GLOBAL				X										X						X												
	BLACKROCK VALUE OPPORTUNITY				X										X						X												
	BLACKROCK CAPITAL (NAME CHANGE FUNDAMENTAL GROWTH)				X										X						X												
	CORA COLA			X											X						X												
	ML MONEY MARKET			X													X				X												
SP	IRA-PERSHING LLC-AMEN					X									X						X												
	IRA-PERSHING-CORA COLA			X											X						X												
	IRA-PERSHING-MONEY MGT			X													X				X												
JT	MIDLAND PROPERTY LTD			X											X						X												
	PTR XXIII WHO OWNS AFFORDABLE HOUSING AT CENTRAL AVE & CENTURY COURT IN CENTRAL COLORADO AND WHO OWNS SENIOR HOUSING AT 1615 "D" STREET, SACRAMENTO, CA 95814																																
SP	CHASE BANK				X												X				X												

SCHEDULE V— LIABILITIES

Name

ELTON GALLEGLY

Page

5 of 6

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor		Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability									
					A	B	C	D	E	F	G	H	I	J
					\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000
	Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X						
JT	FIRST CALIFORNIA BANK P.O. BOX 2838 TORRANCE CA		9/2009	MORTGAGE 1791 ERRINGER, SIMI VALLEY					X					
JT	FIRST CALIFORNIA BANK P.O. BOX 2838 TORRANCE CA		8/2009	MORTGAGE 1491 DUARTE CIRCLE SIMI VALLEY					X					
JT	METLIFE HOME LOANS (FORMERLY AM TRUST BANK) 4000 HORIZON WAY IRVINE, TX		5/2009	MORTGAGE 12 VIA SANTANELLA, RANCHO MIRAGE					X					

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
NONE		

Use additional sheets if more space is required.

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

[illegible]

HAND DELIVERED
UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT
FORM A Page 1 of 4
 For use by Members, officers, and employees

 Howard P. "Buck" McKeon
 (Full Name)

 202-225-1956
 (Daytime Telephone)

LEGISLATIVE RESOURCE CENTER

2011 MAY -5 PM 4:42

OFFICE USE ONLY
U.S. HOUSE OF REPRESENTATIVES

MC

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: CA District: 25	<input type="checkbox"/> Officer Or Employee	Employing Office:	A \$200 penalty shall be assessed against anyone who files more than 30 days late.
	Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VIII.
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule V.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Howard P. "Buck" McKeon

Page 2 of 4

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
McKeon for Congress	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Howard P. "Buck" McKeon

Page 3 of 4

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.

For rental or other real property held for investment, provide a complete address.

For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or

BLOCK B

Year-End Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."

BLOCK C

Type of Income

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.

BLOCK D

Amount of Income

For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

BLOCK E

Transaction

Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

Bank of Santa Clarita	\$50,001 - \$100,000	INTEREST	\$1 - \$200	
Metlife Investors Flexible Premium Adjustable Life \$550,000. Issue Date 2-26-08	\$50,001 - \$100,000	I/None	NONE	

SCHEDULE V - LIABILITIES

Name Howard P. "Buck" McKeon

Page 4 of 4

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	Peter Dorsch, Whittier, Ca.	April 2003	Loan	\$15,001 - \$50,000

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT		FORM A For use by Members, officers, and employees		Page 1 of 7
		AND DELIVERED		
Bradley James Sherman (Full Name)		(202)225-5911 (Daytime Telephone)		2011 MAY 13 PM 5:54 (Office Use Only)
Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives State: <u>CA</u> District: <u>27</u>	<input type="checkbox"/> Officer Or Employee Employing Office: _____	LEGISLATIVE RESOURCE CENTER U.S. HOUSE OF REPRESENTATIVES A \$200 penalty shall be assessed against anyone who files more than 30 days late.	
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination Termination Date: _____	

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VIII.
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V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule V.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Bradley James Sherman

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Federal Government	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bradley James Sherman

Page 3 of 7

BLOCK A
Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.

For rental or other real property held for investment, provide a complete address.

For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or

BLOCK B
Year-End Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."

BLOCK C
Type of Income

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.

BLOCK D
Amount of Income

For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

BLOCK E
Transaction

Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

JT	Bank of America Washington, DC	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	BeeBee Draw/Hambert Combined Properties (valuation is rough estimate; royalties net of expenses.)	\$15,001 - \$50,000	ROYALTIES	\$1,001 - \$2,500	
	CA State legislators retirement Pension from service on the CA Board of Equalization, valued at 6/30/10 (end of fiscal year) Sacramento, CA	\$100,001 - \$250,000		NA	
	Dreyfus CA Tax Exempt Bond - Dreyfus Fund, Box 9387 Providence, RI 29401	\$1,001 - \$15,000	DIVIDEND	\$201 - \$1,000	P (part)

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bradley James Sherman

Page 4 of 7

	Home with rental in Washington DC (address confidential; rent is gross before expenses)	\$500,001 - \$1,000,000	RENT	\$5,001 - \$15,000	
	Joint Powers Authority Muni Bond Richmond, CA	None	INTEREST	\$1,001 - \$2,500	S
	Pacoima Credit Union Lakeview Terrace, CA	\$1 - \$1,000	INTEREST	\$1 - \$200	
JT	Union Bank of California Los Angeles, CA	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
	US Savings Bond (interest earned; not received)	\$100,001 - \$250,000	INTEREST	\$5,001 - \$15,000	
	Value of CPA Practice Equipment, including Furniture	\$1 - \$1,000	None	NONE	
	Vanguard Intermediate CA Tax Exempt Bond Fund PO Box 105433 Atlanta, GA 30348	\$15,001 - \$50,000	DIVIDENDS	\$5,001 - \$15,000	S(part) P(part)
	Vanguard TIPS Fund (IRA) PO Box 105433 Atlanta, GA 30348	\$100,001 - \$250,000	DIVIDENDS	NA	
	Vanguard TIPS Fund (personal account; not IRA) PO Box 105433 Atlanta, GA 30348	\$500,001 - \$1,000,000	DIVIDENDS	\$15,001 - \$50,000	S(part) P(part)
	Water District Municipal Bond Baldy Mesa, CA	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500	
	Wescom Credit Union (Second Account) 5000 Van Nuys Blvd. Sherman Oaks, CA 91403	\$1,001 - \$15,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bradley James Sherman

Page 5 of 7

	Wescom Credit Union (First Account) 5000 Van Nuys Blvd. Sherman Oaks, CA 91403	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	Wescom Credit Union (Third Account) 5000 Van Nuys Blvd. Sherman Oaks, CA 91403	\$1 - \$1,000	INTEREST	NONE	
	Escrow Account with First Title and Escrow at 12/31/10	\$100,001 - \$250,000	None	NONE	
	Reich & Tong CA Daily Money Market fund held through MLSTERN Beverly Hills, CA	\$50,001 - \$100,000	INTEREST	\$1 - \$200	P
SP	Bank of America Savings Account (Second Account)	\$50,001 - \$100,000	INTEREST	\$1 - \$200	

SCHEDULE IV - TRANSACTIONS

Name Bradley James Sherman

Page 6 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Dreyfus CA Tax Exempt Bond - Dreyfus Fund, Box 9387, Providence, RI 29401	P	No	3 transactions at various times throughout the year	\$201-\$1000
	Vanguard Intermediate CA Tax Exempt Bond Fund PO Box 105433 Atlanta, GA 30348	S(part)	Yes*	See schedule attached.	See schedule attached.
	Vanguard TIPS Fund (Personal account; not IRA) PO Box 105433 Atlanta, GA 30348	S(part)	Yes*	See schedule attached.	See scheduule attached.
	Joint Powers Authority Muni Bond Richmond, CA	S (redemption)	No	9/2/10	\$50,001 - \$100,000
	*See Form 1040, Schedule D, Lines 1 through 10 attached. Total of all gains \$3,640.				

SCHEDULE V - LIABILITIES

Name Bradley James Sherman

Page 7 of 7

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	Wells Fargo Bank		First Mortgage on home with rental property in Washington DC	\$500,001 - \$1,000,000
	Sandy Spring Bank, Maryland		Second Mortgage on home with rental property in Washington DC	\$50,001 - \$100,000

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

Your social security number

552:90:7726

2010

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
1					
2	Enter your short-term totals, if any, from Schedule D-1, line 2				
3	Total short-term sales price amounts. Add lines 1 and 2 in column (d)				
4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				
6	Short-term capital loss carryover. Enter the amount, if any, from line 10 of your Capital Loss Carryover Worksheet in the instructions				
7	Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)				
Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year					
(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
8 1927.8 CA IT TAX EX INV	VARIOUS	03/30/10	20,936.	20,629.	307.
784.234 CA IT TAX EX INV	VARIOUS	08/23/10	8,838.	8,396.	442.
53.94 CA IT TAX EX INV	VARIOUS	12/15/10	575.	578.	-3.
12126.866 CA IT TAX EX INV	VARIOUS	12/27/10	130,000.	129,909.	91.
970.497 INFLATION PROTECTED SEC ADM	VARIOUS	12/23/10	25,000.	21,360.	3,640.
9	Enter your long-term totals, if any, from Schedule D-1, line 9				
10	Total long-term sales price amounts. Add lines 8 and 9 in column (d)				

VANGUARD INTERMEDIATE CA TAX EX BD FUND

Register Report - Last year
1/1/2010 through 12/31/2010

4/26/2011

Page 1

Date	Amount
3/30/2010	-18,035.16
3/30/2010	-2,509.00
3/30/2010	-95.75
3/30/2010	-296.00
3/31/2010	1,693.16
6/30/2010	1,527.79
8/23/2010	-8,838.32
9/30/2010	1,487.17
12/15/2010	-575.00
12/23/2010	25,000.00
12/27/2010	-130,000.00
12/31/2010	1,414.47
1/1/2010 - 12/31/2010	-129,226.64
TOTAL INFLOWS	31,122.59
TOTAL OUTFLOWS	-160,349.23
NET TOTAL	-129,226.64

VANGUARD TIPS FUND (Not IRA)

Register Report - Last year
1/1/2010 through 12/31/2010

4/28/2011

Page 1

Date	Amount
3/31/2010	3,714.45
6/30/2010	2,877.29
9/30/2010	1,972.33
12/23/2010	-25,000.00
12/31/2010	9,194.47
1/1/2010 - 12/31/10	-7,241.46
TOTAL INFLOWS	17,758.54
TOTAL OUTFLOWS	-25,000.00
NET TOTAL	-7,241.46

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A

Page 1 of 8

For use by Members, officers, and employees

MAY 16 AM 11:46

Adam Bennett Schiff
(Full Name)626-304-2727
(Daytime Telephone)

(Office Use Only)

Filer
Status☒ Member of the U.S.
House of RepresentativesState: CA
District: 29☐ Officer Or
Employee

Employing Office:

**A \$200 penalty shall
be assessed against
anyone who files
more than 30 days
late.**Report
Type☒ Annual (May 15)☐ Amendment☐ Termination

Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Adam Bennett Schiff

Page 2 of 8

<p>BLOCK A</p> <p>Asset and/or Income Source</p> <p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>	<p>BLOCK B</p> <p>Year-End Value of Asset</p> <p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>BLOCK C</p> <p>Type of Income</p> <p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>BLOCK D</p> <p>Amount of Income</p> <p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>BLOCK E</p> <p>Transaction</p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
Bank of America CD	None	INTEREST	\$1 - \$200	
Bank of America CD	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
Constellation Brands Inc CL A	\$1,001 - \$15,000	None	NONE	
Diamonds Trust Ser 1	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
Fidelity Cash Reserves	None	INTEREST/DIVID ENDS	\$1 - \$200	
Fidelity Investment Grade Bond Fund	\$15,001 - \$50,000	DIVIDENDS/CAPIT TAL GAINS	\$5,001 - \$15,000	S(part)

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Adam Bennett Schiff

Page 3 of 8

Fidelity Puritan Fund IRA	\$100,001 - \$250,000	DIVIDENDS	\$2,501 - \$5,000	
Fidelity Select Money Market	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	PS(part)
Fidelity Total Bond Fund	\$15,001 - \$50,000	DIVIDENDS	\$5,001 - \$15,000	S(part)
Fortune Brands	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
Franklin Flex Cap Growth Fund - Class C	\$15,001 - \$50,000	None	NONE	P
Franklin Mutual Global Discovery Fund - Class C	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P
Franklin Rising Dividends Fund - Class C	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	P
Franklin Templeton Mutual Shares Fund - Class C	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P
Hewlett Packard	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
I Shares DJ Select Dividend Index	\$50,001 - \$100,000	DIVIDENDS/CAPITAL GAINS	\$2,501 - \$5,000	S(part)
I Shares DJ Select Dividend Index Fund IRA	\$50,001 - \$100,000	DIVIDENDS	\$1,001 - \$2,500	
I Shares DJ Tech Sector Ind Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
I Shares DJ US Financial Sector Ind Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
I Shares DJ US Healthcare Sector Ind Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Adam Bennett Schiff

Page 4 of 8

I Shares DJ US Industrial Sector Ind Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
I Shares Inc MSCI Canada Index Fd	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
I Shares MSCI Emerging Markets Index Fund	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P
I Shares Trust Global Industrials Index Fund	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P
I Shares Trust Russell 2000 Index	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
I Shares Trust S&P 500 Index	\$50,001 - \$100,000	DIVIDENDS	\$201 - \$1,000	P
I Shares Trust S&P Global Information Technology Sector Index Fund	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	P
Ishares MSCI EAFE Index Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	P
Ishares Trust S&P Global Energy Sector Index Fund	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P
Pepsico	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
Pfizer Inc	\$50,001 - \$100,000	DIVIDENDS	\$2,501 - \$5,000	
Pimco Total Return Fund Class C	\$50,001 - \$100,000	CAPITAL GAINS/DIVIDENDS	\$100,001 - \$1,000,000	S(part)
Powershares QQQ Trust Ser 1 (formerly Nasdaq 100 Shares)	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P
UBS Bank USA Deposit	\$1,001 - \$15,000	INTEREST	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Adam Bennett Schiff

Page 5 of 8

SCHEDULE IV - TRANSACTIONS

Name Adam Bennett Schiff

Page 6 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain In Excess of \$200?	Date	Amount of Transaction
JT	Fidelity Cash Reserves		N/A		
JT	Fidelity Investment Grade Bond Fund	S(part)	Yes	4/27/10, 6/3/10	\$1,001 - \$15,000
JT	Fidelity Select Money Market	P	N/A	9/17/10, 10/4/10	\$15,001 - \$50,000
JT	Fidelity Total Bond Fund	S(part)	Yes	4/27/10, 6/3/10	\$1,001 - \$15,000
JT	Franklin Flex Cap Growth Fund - Class C	P	N/A	1/5/10, 4/8/10, 8/4/10	\$1,001 - \$15,000
JT	Franklin Mutual Global Discovery Fund - Class C	P	N/A	4/8/10, 8/4/10	\$1,001 - \$15,000
JT	Franklin Mutual Shares Fund - Class C	P	N/A	1/5/10, 4/8/10, 8/4/10	\$1,001 - \$15,000
JT	Franklin Rising Dividends Fund - Class C	P	N/A	1/5/10, 4/8/10, 8/4/10	\$1,001 - \$15,000
	I Shares DJ Industrial Sector Ind Fund	P	N/A	1/5/10	\$1,001 - \$15,000
	I Shares DJ Select Dividend Index	S(part)	No	1/5/10	Less than \$1,000

SCHEDULE IV - TRANSACTIONS

Name Adam Bennett Schiff

Page 7 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	I Shares DJ Tech Sector Index Fund	P	N/A	1/5/10	\$1,001 - \$15,000
	I Shares DJ US Healthcare Sector Ind Fund	P	N/A	1/5/10	\$1,001 - \$15,000
	I Shares Inc MSCI Canada Index Fund	P	N/A	1/5/10	\$1,001 - \$15,000
	I Shares MSCI EAFE Index Fund	P	N/A	1/5/10	\$1,001 - \$15,000
	I Shares MSCI Emerging Markets Index Fund	P	N/A	1/5/10	\$1,001 - \$15,000
	I Shares S&P 500 Index	P	N/A	1/5/10	\$1,001 - \$15,000
	I Shares Trust Global Industrials Index Fund	P	N/A	1/5/10	\$1,001 - \$15,000
	I Shares Trust Russell 2000 Index	P	N/A	1/5/10	\$1,001 - \$15,000
	I Shares Trust S&P Global Energy Sector Index Fund	P	N/A	1/5/10	\$1,001 - \$15,000
	PIMCO	S(part)	Yes	9/20/10	\$15,001 - \$50,000
	PIMCO	S(part)	Yes	1/4/10	\$50,001 - \$100,000

SCHEDULE IV - TRANSACTIONS

Name Adam Bennett Schiff

Page 8 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Powershares QQQ Trust Ser 1	P	N/A	1/5/10	\$1,001 - \$15,000

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 5
For use by Members, officers, and employees

Henry A. Waxman
(Full Name)

202-225-3976
(Daytime Telephone)

Filer Status

☒ Member of the U.S. House of Representatives
State: CA
District: 30

☐ Officer Or Employee
Employing Office:

Report Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

(Office Use Only)

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>Trusts--</p>	<p>Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>Exemptions--</p>	<p>Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

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(Office Use Only)

SCHEDULE I - EARNED INCOME

Name	
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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name Henry A. Waxman

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package. Employees may request a green envelope from the Clerk or use a plain envelope that is appropriately labeled.

Source	Activity	Date	Amount
World Generics Medicines Congress, London, England -videotaping from DC	speech	Feb. 21, 2010	\$2,000
Bank of America Industry Research Healthcare, Washington, D. C.	speech	July 14, 2010	\$2,000
Nat'l Association of Federal Credit Unions, Arlington, Virginia	speech	September 20, 2010	\$2,000
American Health Insurance Plans, Washington, D. C.	speech	September 16, 2010	\$2,000
GTCBio, Washington, D. C.	speech	November 9, 2010	\$2,000
World Generics Medicine, Washington, D. C.	speech	November 17, 2010	\$2,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Henry A. Waxman

BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or	BLOCK B Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	BLOCK D Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
Vanguard European Stock Index (IRA)	None	None	NONE	S
Vanguard REIT Index (IRA)	\$100,001 - \$250,000	DIVIDENDS	\$5,001 - \$15,000	
Vanguard Mid Cap Index (IRA)	\$100,001 - \$250,000	DIVIDENDS	\$1,001 - \$2,500	P
Vanguard Pacific Index Fund (IRA)	None	None	NONE	S
Vanguard Inflation Protection Fund (IRA)	\$15,001 - \$50,000	DIVIDENDS/INTE REST	\$201 - \$1,000	P
Vanguard Total Bond Mkt Fund (IRA)	\$15,001 - \$50,000	INTEREST/CAPITAL GAINS	\$201 - \$1,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Henry A. Waxman

	Vanguard Total Bond Mkt Fund (Roth IRA)	\$15,001 - \$50,000	INTEREST/CAPIT TAL GAINS	\$1 - \$200	
JT	Vanguard Emerging Markets Fund	\$50,001 - \$100,000	DIVIDENDS/CAPIT TAL GAINS	\$15,001 - \$50,000	S(part)
JT	Vanguard European Stock Index Fund	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
JT	Vanguard Extended Market Fund	\$100,001 - \$250,000	DIVIDENDS	\$1,001 - \$2,500	
JT	Vanguard 500 Index Fund	\$100,001 - \$250,000	DIVIDENDS	\$2,501 - \$5,000	
JT	Vanguard Pacific Stock	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
JT	Vanguard Tax Managed International Fund	\$50,001 - \$100,000	DIVIDENDS	\$1,001 - \$2,500	P
JT	Vanguard Prime Money Market Fund	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	PS(part)
SP	Vanguard Small-Cap Index (IRA)	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	Vanguard Inflation Protection Securities (IRA)	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P
SP	Vanguard Inflation Protection Securities (Roth IRA)	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
JT	State of Israel Bonds	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000)
	CALPERS(CA State Retirement)	None	Other: annuity	\$5,001 - \$15,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Henry A. Waxman

	Vanguard Prme Money Mkt. Fund (IRA)	\$1 - \$1,000	INTEREST	\$1 - \$200	PS(part)
	Vanguard 529 Plan Account #1	\$1,001 - \$15,000	None	NONE	P
	Vanguard 529 Plan Account #2	\$1,001 - \$15,000	None	NONE	P
	Vanguard 529 Plan Account #3	\$1,001 - \$15,000	None	NONE	P

SCHEDULE IV - TRANSACTIONS

Name Henry A. Waxman

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
JT	Vanguard Emerging Markets Fund	S(part)	Yes	11-04-10	\$15,001 - \$50,000
JT	Vanguard Prime Money Market Fund	P	N/A	12-02-10	\$1,001 - \$15,000
JT	Vanguard Prime Money Market Fund	P	N/A	11-04-10	\$15,001 - \$50,000
JT	Vanguard Prime Money Market Fund	S(part)	No	12-22-10	\$1,001 - \$15,000
JT	Vanguard Prime Money Market Fund	P	N/A	07-27-10	\$1,001 - \$15,000
JT	Vanguard Prime Money Market Fund	S(part)	No	09-24-10	\$1,001 - \$15,000
JT	Vanguard Prime Money Market Fund	S(part)	No	08-04-10	\$15,001 - \$50,000
JT	Vanguard Prime Money Market Fund	S(part)	No	09-20-10	\$1,001 - \$15,000
JT	Vanguard Tax Managed International Fund	P	N/A	12-22-10	\$1,001 - \$15,000
JT	Vanguard Tax Managed International Fund	P	N/A	11-04-10	\$15,001 - \$50,000

SCHEDULE IV - TRANSACTIONS

Name Henry A. Waxman

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Vanguard Total Bond Mkt Fund (IRA)	P	N/A	09-14-10	\$15,001 - \$50,000
	Vanguard Mid-Cap Index Fund (IRA)	P	N/A	01-27-10 04-26-10	\$1,001 - \$15,000
	Vanguard Prme Money Mkt. Fund (IRA)	S(part)	No	03-12-10	\$15,001 - \$50,000
	Vanguard Prime Money Mkt Fund (IRA)	S(part)	No	04-26-10	\$1,001 - \$15,000
	Vanguard Pacific Stock Index (IRA)	S(part)	No	04-26-10	\$1,001 - \$15,000
	Vanguard Pacific Stock Index (IRA)	S	No	09-14-10	\$15,001 - \$50,000
SP	Vanguard Inflation Protection Securities (IRA)	P	N/A	every month	\$1,001 - \$15,000
	Vanguard European Stock Index (IRA)	S	No	07-27-10	\$15,001 - \$50,000
	Vanguard 529 Plan Account #1	P	N/A	every month	\$1,001 - \$15,000
	Vanguard 529 Plan Account #2	P	N/A	every month	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name Henry A. Waxman

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Vanguard 529 Plan Account #3	P	N/A	every month	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

Name	
------	--

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability

SCHEDULE VI - GIFTS

Name	
------	--

Report the source, a brief description, and the value of all gifts totaling more than \$335 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Henry A. Waxman

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Aspen Institute Congressional Program	April 5-11, 2010	DC-Lisbon-DC	Y	Y	Y	none
Aspen Institute Congressional Program	May 30- June 6, 2010	DC-Tunis-Washington	Y	Y	Y	one day
Aspen Institute Congressional Program	August 14- 21, 2010	Los Angeles-Vancouver-DC	Y	Y	Y	two days

SCHEDULE VIII - POSITIONS

Name

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position

Name of Organization

SCHEDULE IX - AGREEMENTS

Name	
------	--

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT
FORM A Page 1 of 7
 For use by Members, officers, and employees

2011 MAY 13 PM 1:36

 CLERK OF THE CLERK
 U.S. HOUSE OF REPRESENTATIVES

MC

Judy Chu

202-225-5464

(Full Name)

(Daytime Telephone)

HAND DELIVERED

(Office Use Only)

Filer
Status
☒ Member of the U.S.
 House of Representatives State: CA
 District: 32

☐ Officer Or
 Employee

Employing Office:

**A \$200 penalty shall
 be assessed against
 anyone who files
 more than 30 days
 late.**
Report
Type
☒ Annual (May 15) ☐ Amendment ☐ Termination

Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Judy Chu

Page 2 of 7

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
State of California State Assembly	spouse salary	N/A
Law Office of Eng & Nishimura	spouse salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Judy Chu

Page 3 of 7

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.

For rental or other real property held for investment, provide a complete address.

For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or

BLOCK B

Year-End Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."

BLOCK C

Type of Income

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.

BLOCK D

Amount of Income

For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

BLOCK E

Transaction

Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

	Aviva Life Insurance Fixed Annuity	\$15,001 - \$50,000	Other: N/A	NONE	
	California Public Employees Retirement System	\$1,001 - \$15,000	None	NONE	
	California State Teachers Retirement System	\$100,001 - \$250,000	None	NONE	
SP	Capital One	\$100,001 - \$250,000	INTEREST	\$5,001 - \$15,000	
	Citibank Savings Acct	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
SP	Citibank IRA-- Day to Day Savings Acct	\$15,001 - \$50,000	INTEREST	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Judy Chu

Page 4 of 7

SP	New Vision Federal Credit Union (formerly named E1 Financial Credit Union)	\$100,001 - \$250,000	INTEREST	\$5,001 - \$15,000	
SP	City National Bank (formerly named Imperial Capital Bank)	\$50,001 - \$100,000	INTEREST	\$2,501 - \$5,000	
	Judy M. Chu Trust- "excepted trust"- Chu Lim Investments LLC	Unknown	EXCEPTED TRUST	\$15,001 - \$50,000	
	Lincoln Financial Group 403B-Delaware VIP Diversified Income	\$1,001 - \$15,000	None	NONE	P
	Kemper Advantage 403B-Misc. Fixed	\$1,001 - \$15,000	None	NONE	P
	Kemper Advantage 403B-Balanced	\$1,001 - \$15,000	None	NONE	P
	Lincoln Financial Group 403B-Delaware VIP REIT	\$1,001 - \$15,000	None	NONE	P
	Vanguard Windsor II Mutual Fund	\$100,001 - \$250,000	DIVIDENDS	\$15,001 - \$50,000	P
	Lincoln Financial Group Annuity Amer Legacy US- Fixed	\$1,001 - \$15,000	Other: N/A	NONE	P
	Lincoln Financial Group Annuity Amer Legacy US- Large Blend	\$15,001 - \$50,000	DIVIDENDS	\$2,501 - \$5,000	P
	LSW- Life Insurance Co of the Southwest Annuity	\$1,001 - \$15,000	Other: N/A	NONE	
SP	Merrill Lynch Money Market Acct	\$250,001 - \$500,000	INTEREST	\$5,001 - \$15,000	
	Nationwide Retirement Solution 401K/457- Intl Stocks	\$1,001 - \$15,000	None	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Judy Chu

Page 5 of 7

	Nationwide Retirement Solution 401K/457- Large Cap Stock	\$50,001 - \$100,000	None	NONE	P
	Nationwide Retirement Solution 401K/457- Midcap Stocks	\$15,001 - \$50,000	None	NONE	P
	Nationwide Retirement Solution 401K/457- Short Term Investments	\$50,001 - \$100,000	None	NONE	P
	Nationwide Retirement Solution 401K/457- Small Cap Stocks	\$15,001 - \$50,000	None	NONE	P
SP	United Pacific Bank	\$100,001 - \$250,000	INTEREST	\$2,501 - \$5,000	
	Vanguard CA Intermediate Term Bond Tax-Exempt Mutual Fund	\$100,001 - \$250,000	DIVIDENDS	\$2,501 - \$5,000	P
	Kemper Advantage 403B- Large Cap U.S. Stock	\$1,001 - \$15,000	None	NONE	P

SCHEDULE IV - TRANSACTIONS

Name Judy Chu

Page 6 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Lincoln Financial Group Annuity Amer Legacy US- Large Blend	P	N/A	monthly	\$1,001 - \$15,000
	Nationwide Retirement Solution 401K/457- Intl Stocks	P	N/A	monthly	\$1,001 - \$15,000
	Nationwide Retirement Solution 401K/457- Large Cap Stocks	P	N/A	monthly	\$1,001 - \$15,000
	Nationwide Retirement Solution 401K/457- Midcap Stocks	P	N/A	monthly	\$1,001 - \$15,000
	Nationwide Retirement Solution 401K/457- Small Cap Stocks	P	N/A	monthly	\$1,001 - \$15,000
	Vanguard CA Intermediate Term Bond Tax- Exempt Mutual Fund	P	N/A	monthly	\$1,001 - \$15,000
	Vanguard Windsor II Mutual Fund	P	N/A	monthly	\$1,001 - \$15,000

SCHEDULE IX - AGREEMENTS

Name Judy Chu

Page 7 of 7

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
May 2001	East Los Angeles College	Leave of Absence granted from faculty position at East Los Angeles College after my election to state legislative office
May 2001	California State Teachers Retirement System	Defined pension benefit plan for teaching position in the LA Community College District
May 2001	California Public Employees Retirement System	Defined pension benefit plan for service on Monterey Park City Council

Congress of the United States

House of Representatives

May 31, 2011

Dear Honorable Clerk Miller:

I am writing to request that several amendments be made on my 2010 Member Report/Financial Disclosure Statement, 2009 Member Report/Financial Disclosure Statement and 2009 Candidate Statement Form B.

2010 Member Report Financial Disclosure Statement

1. Please amend "Schedule III-Assets" to reflect the following correction:

Change name of asset to:

Judy M. Chu Trust- "excepted trust"- Chu Lim investments LLC-
Believed to be rental income

Change name of asset to:

LSW-Life Insurance Co of the Southwest Annuity- Fixed

2009 Member Report Financial Disclosure Statement

1. Please amend "Schedule III-Assets" to reflect the following correction:

California Public Employees Retirement System

Year-End Value of Asset: \$1001-\$15,000

Type of Income: None

Amount of Income: None

California State Teachers Retirement System

Year-End Value of Asset: \$100,001-\$250,000

Type of Income: None

Amount of Income: None

Change name of asset to:

Judy M. Chu Trust- "excepted trust"- Chu Lim investments LLC-
Believed to be rental income

Change name of asset to:

LSW-Life Insurance Co of the Southwest Annuity- Fixed

2. Please amend "Schedule IX-Agreements" to include the following:

Date: May 2001

Parties to: California Public Employees Retirement System

Terms: Defined pension benefit plan for service on Monterey Park City Council

LEGISLATIVE RESOURCE CENTER

2011 MAY 31 PM 4:11

U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Date: May 2001

Parties to: California State Teachers Retirement System

Terms: Defined pension benefit plan for teaching position in the LA Community College District

2009 Candidate Statement – Form B

- 1. Please amend “Schedule II-Assets” to reflect the following correction:**

California Public Employees Retirement System

Year-End Value of Asset: \$1001-\$15,000

Type of Income: None

Amount of Income: None

California State Teachers Retirement System

Year-End Value of Asset: \$100,001-\$250,000

Type of Income: None

Amount of Income: None

Change name of asset to:

LSW-Life Insurance Co of the Southwest Annuity- Fixed

- 2. Please amend “Schedule V-Agreements” to include the following:**

Date: May 2001

Parties to: California Public Employees Retirement System

Terms: Defined pension benefit plan for service on Monterey Park City Council

Date: May 2001

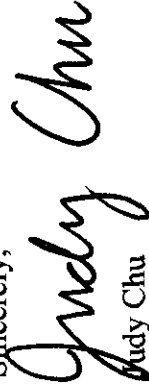
Parties to: California State Teachers Retirement System

Terms: Defined pension benefit plan for teaching position in the LA Community College District

Once the amendments have been reflected, please submit the revised copies of the reports for my records to Amelia Wang, Chief of Staff, via email amelia.wang@mail.house.gov and a hard copy to my D.C. office.

Thank you for your assistance in this matter.

Sincerely,


Judy Chu

Member of Congress

**UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

Form A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
Page 1 of 4

2011 MAY 19 PM 1:10

CLERK OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Name: Karen Bass

Daytime Telephone: (213) 452-6565

MC MAY 16 2011
(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>California</u> District: <u>33</u>	<input type="checkbox"/> Officer or Employee	Employing Office:
Report Type	<input checked="" type="checkbox"/> Annual (May 16, 2011)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

[illegible]

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Name Karen Bass

Page 3 of 4

BLOCK A Asset and/or Income Source			BLOCK B Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction	
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in “unearned” income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.</p> <p>For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.</p>			<p>Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.</p> <p>If an asset was sold during the reporting year and is included only because it generated income, the value should be “None.”</p>												<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the “None” column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check “None” if the asset generated no income during the reporting period.</p>						<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the “None” column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check “None” if no income was earned or generated.</p>											<p>Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>	
			A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI		
			None	\$1 – \$1,000	\$1,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$250,000	\$250,001 – \$500,000	\$500,001 – \$1,000,000	\$1,000,001 – \$5,000,000	\$5,000,001 – \$25,000,000	\$25,000,001 – \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1 – \$200	\$201 – \$1,000	\$1,001 – \$2,500	\$2,501 – \$5,000	\$5,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$1,000,000	\$1,000,001 – \$5,000,000	Over \$5,000,000	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.
SP, DC, JT		SP, DC, JT																														P, S, E	
		Examples:																															
		Mega Corp. Stock					X									X			X					X								S (partial)	
		Simon & Schuster				Indefinite															Royalties								X				
		1st Bank of Paducah, KY Accounts					X										X								X								
		First Federal Bank Trust Account		X												X						X											
		Teachers Insurance & Annuity Assoc.						X								X																	
		College Retirement Equities Fund						X																									
		Fidelity 403 (d)					X																										
		Fidelity 401 (a)				X																											

For additional assets and unearned income, use next page.

SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
Boardmember	New Roads School
Boardmember	Liberty Hill Foundation

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Form A

For use by Members, officers, and employees

HAND DELIVERED of 9

ADDITIONAL RESOURCE CLERK

2011 MAY 13 PM 3:39

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Name: LUCILLE ROYBAL - ALLARD

Daytime Telephone: 202-225-1766

<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>CA</u> District: <u>34</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____
<input checked="" type="checkbox"/> Annual (May 16, 2011)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date: _____

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or honoraria) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in the reporting period by paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or otherwise dispose of any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable debt (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

DISCLOSURE OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they fail all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

[illegible]

of the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

[illegible]

Continuation Sheet (if needed)

Page 5 of 9

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SCHEDULE V— LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	
				\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	
	<i>Example:</i> First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X							
SP	AMERICAN EXPRESS (DENTAL - PLUS CARD)			X										

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
<i>Example:</i> Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345

Use additional sheets if more space is required.

SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
Lucille (See Attached) Roybal-Allard	
President & CEO (spouse)	Roybal Foundation (January - April 2010)

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NA	

**Congresswoman Lucille Roybal-Allard
BOARDS AND ADVISORY COUNCILS
2010**

- Angelus Plaza Activity Center Advisory Council**
- Archdiocesan Youth Employment Services of Catholic Charities Honorary Advisory Board**
- Art Share Los Angeles Advisory Board**
- Belmont Community Adult School Advisory Council**
- Center for Asian Americans United for Self Empowerment (CAUSE) Honorary Advisory Council**
- Congressional Hispanic Caucus Institute Board Member**
- Huntington Park-Bell-Gage Community Adult School Advisory Council**
- Korean American Coalition Honorary Board Member**
- LINC TELACU Education Foundation – National Advisory Board**
- NALEO Educational Fund Board of Directors**
- Neighborhood Music Settlement Advisory Council**
- Para Los Niños Advisory Board**
- Rio Hondo Boy & Girls Club Advisory Council**
- Roosevelt Community Adult School Advisory Council**
- The National Center on Addiction and Substance Abuse at Columbia University**

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A

Page 1 of 9

For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER

MAY 23 AM 11:44

Maxine Waters
(Full Name)

(213) 489-4792
(Daytime Telephone)

MAY 16 2011
(Office Use Only)

MC

Filer
Status

☒ Member of the U.S.
House of Representatives

State: CA
District: 35

☐ Officer Or
Employee

Employing Office:

A \$200 penalty shall
be assessed against
anyone who files
more than 30 days
late.

Report
Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Maxine Waters

Page 2 of 9

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
STATE OF CALIFORNIA	LEGISLATIVE PENSION	\$5,635
PRIME AUTOMOTIVE GROUP, INC./ SOUTH BAY AUTO	Spouse Consulting Fee	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Maxine Waters

Page 3 of 9

BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>		<p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
SP	2201 Kirk St., Houston, TX	\$1,001 - \$15,000	None	NONE	
JT	549 So. Lucerne Blvd., L.A.	\$1,000,001 - \$5,000,000	None	NONE	
SP	701 W. Barstow, Palm Springs, CA	\$1,001 - \$15,000	None	NONE	
SP	American Golf Jt. Venture	\$100,001 - \$250,000	INTEREST	NONE	
SP	American Golf Jt. Venture	\$100,001 - \$250,000	O/Other: Profit Sharing	\$15,001 - \$50,000	
	Congressional Federal Credit Union	\$1 - \$1,000	INTEREST	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Maxine Waters

Page 4 of 9

SP	DWS CA Tax Free Fund (Formerly Scuder)	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500
SP	ECI Holding, Inc.	\$1,001 - \$15,000	INTEREST	NONE
	Evergreen Mid Cap Fund (IRA)	None	DIVIDENDS	NONE S
SP	Global Allocation Fund- Blackrock Balanced	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000
SP	Global Allocation Fund- Blackrock Global	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000
	Global Allocation Fund- Blackrock Global (IRA)	None	DIVIDENDS	NONE S
SP	Merrill Lynch Cap Fund- American Small Cap World (IRA)	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000
SP	Merrill Lynch Cap Fund- Blackrock Balanced (IRA)	\$100,001 - \$250,000	DIVIDENDS	\$5,001 - \$15,000
	Merrill Lynch Cap Fund- Blackrock Balanced (IRA)	None	DIVIDENDS	NONE S
SP	Merrill Lynch Global Allocation Fund-Blackrock Global (IRA)	\$100,001 - \$250,000	DIVIDENDS	\$5,001 - \$15,000
SP	Merrill Lynch Money Market	\$1 - \$1,000	INTEREST	\$1 - \$200
	Merrill Lynch Money Mkt. (IRA)	None	DIVIDENDS	NONE S
SP	Merrill Lynch Money Mkt. (IRA)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200
SP	OneUnited Bank	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Maxine Waters

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SP	OneUnited Bank	\$100,001 - \$250,000	DIVIDENDS	NONE
SP	Siebert Brandford	\$1,001 - \$15,000	Other: 401K	NONE
SP	Tract Unit 3357, Lot 96, CA	\$1,001 - \$15,000	None	NONE
SP	Wells Fargo Bank	\$1,001 - \$15,000	INTEREST	\$1 - \$200

SCHEDULE IV - TRANSACTIONS

Name Maxine Waters

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Evergreen Mid Cap Fund (IRA)	S	No	06-16-10	\$1,001 - \$15,000
	Global Allocation Fund- Blackrock Global (IRA)	S	No	06-16-10	\$1,001 - \$15,000
	Merrill Lynch Cap Fund- Blackrock Balanced (IRA)	S	No	06-16-10	\$15,001 - \$50,000

SCHEDULE V - LIABILITIES

Name Maxine Waters

Page 7 of 9

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	Congressional Federal Credit Union		Revolving Charge Account	\$15,001 - \$50,000
JT	Chase		Mortgage on 549 S.Lucerne Bl.;Los Angeles,CA	\$1,000,001 - \$5,000,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Maxine Waters

Page 8 of 9

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Benedict College	May 7-8	DC-Columbia,SC-St.Louis	Y	Y	N	None
Pontchartrain Park Comm.Dev.	May 13-14	DC-New Orleans-Atlanta	Y	Y	N	None
Rainbow/PUSH Coalition	June 13-14	LA-Chicago-DC	Y	Y	N	None
Natl.Assoc.of Minority Auto	July 23-24	DC-Chicago-LA	Y	Y	N	None

SCHEDULE VIII - POSITIONS

Name Maxine Waters

Page 9 of 9

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	Black Women's Forum
Director	Gourmet Services
Director	Minority AIDS Project
Director	Clara Elizabeth Jackson Carter Foundation, Spellman College
Director	African American 2000 and Beyond

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Form A
 For use by Members, officers, and employees

Page 1 of ____

Name:

LAURA RICHARDSON

Daytime Telephone:

(202) 225-7941

OFFICE OF THE CLERK
 U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <i>CA</i> District: <i>37th</i>	<input type="checkbox"/> Officer or Employee	Employing Office:	A \$200 penalty shall be assessed against anyone who files more than 30 days late.
Report Type	<input checked="" type="checkbox"/> Annual (May 16, 2011)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:	

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

For payments to charity in lieu of honoraria, use Schedule II.

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

[illegible]

SCHEDULE III—ASSETS AND “UNEARNED” INCOME

BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	Transaction
Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (<i>i.e.</i> , plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (<i>unless</i> there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments <u>or</u> that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	For retirement accounts that do not allow you to choose specific investments <u>or</u> that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
	A B C D E F G H I J K L None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I II III IV V VI VII VIII IX X XI None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	
SP, Examples: DC, JT	Mega Corp. Stock Simon & Schuster 1st Bank of Paducah, KY Accounts	X Indefinite X	X X X	S (partial)
	XEROX RETIREMENT PROGRAM NOT SELF-DIRECTED	X	X	
	NATIONWIDE RETIREMENT SOLUTIONS	X		
-MID CAP STOCKS	X	X	X	
-LARGE CAP STOCKS	X	X	X	

For additional assets and unearned income, use next page.

Continuation Sheet (if needed)

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This page may be copied if more space is required.

SCHEDULE IV— TRANSACTIONS

Name

LAURA RICHARDSON

Page 6 of 9

Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. **If only a portion of an asset is sold, please so indicate (i.e., "partial sale").** See example below.

Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

Type of Transaction

PURCHASE

SALE

EXCHANGE

Check Box if Capital Gain Exceeded \$200

Date

(MO/DAY/YR)
or
Quarterly,
Monthly, or
Bi-weekly, if
applicable

Amount of Transaction

A
\$1,001-
\$15,000

B
\$15,001-
\$50,000

C
\$50,001-
\$100,000

D
\$100,001-
\$250,000

E
\$250,001-
\$500,000

F
\$500,001-
\$1,000,000

G
\$1,000,001-
\$5,000,000

H
\$5,000,001-
\$25,000,000

I
\$25,000,001-
\$50,000,000

J
Over
\$50,000,000

SP, DC, JT

Asset

SP

Example:

Mega Corporation Common Stock (partial sale)

X

10-12-10

X

N/A

SCHEDULE V— LIABILITIES

Name **LAURA RICHARDSON**

Page **7** of **9**

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor		Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability									
					A	B	C	D	E	F	G	H	I	J
					\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000
	Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X						
		J.P. MORGAN CHASE		MORTGAGE ON 3622 WEST CORTIS PARK DRIVE SACRAMENTO, CA						X				
		LAW OFFICES OF PERKINS COPE		LEGAL SERVICES			X							
		LAW OFFICES OF O'HEILY & ASSOCIATES		LEGAL SERVICES				X						
JT		BENEFICIAL (NOT REQUIRED TO LIST PERKINS IN PROBATE		MORTGAGE ON 1300-1302 W. 94TH ST. LOS ANGELES					X					

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
<i>Example:</i> Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
N/A		

Use additional sheets if more space is required.

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source		Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6-11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
CBC FOUNDATION SPONSOR'S CONFERENCE		JUNE 12-14 ⁹¹	DC—WILLIAMSBURG—DC	Y	Y	Y	NONE
CBC INITIATIVE		Aug. 12-14	LA—TUNICA—LA	Y	Y	N	NONE
CBC INITIATIVE		Nov. 4-7	LA—LAS VEGAS—LA	Y	Y	N	NONE
CAR USA / GATES FOUNDATION		Sept. 7-11	DC—ADDIS ABABA—LA	Y	Y	N	NONE

SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
Advisory Board	Not Compensated Academic Uprise
Advisory Board	Not Compensated Miller Children's Hospital
Advisory Board	Not Compensated St. Mary Hospital

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
10/1987	XEROX CORPORATION	CONTINUATION OF A RETIREMENT PLAN THAT I CAN NO LONGER CONTRIBUTE TO.
1/2001	STATE OF CALIFORNIA	CONTINUATION OF A RETIREMENT PLAN THAT I CAN NO LONGER CONTRIBUTE TO.

**UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

Form A
For use by Members, officers, and employees

HAND DELIVERED

Name: Grace Flores Napolitano

Daytime Telephone: 202-225-5256

LEGISLATIVE RESOURCE CENTER

2011 JUN -3 AM 10:20

(Office Use Only)

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>California</u> District: <u>28</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____
	Report Type	<input checked="" type="checkbox"/> Annual (May 16, 2011)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination Termination Date: _____

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

[illegible]

SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Name **Grace Flores Napolitano**

Page **3** of **5**

BLOCK A Asset and/or Income Source			BLOCK B Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in “unearned” income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.</p> <p>For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.</p>			<p>Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.</p> <p>If an asset was sold during the reporting year and is included only because it generated income, the value should be “None.”</p>												<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the “None” column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check “None” if the asset generated no income during the reporting period.</p>							<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the “None” column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check “None” if no income was earned or generated.</p>											<p>Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
			A	B	C	D	E	F	G	H	I	J	K	L	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.
SP		SP	Mega Corp. Stock			X									X		X		Royalties				X								S (partial)		
DC, Examples:			Simon & Schuster	Indefinite																													
JT			1st Bank of Paducah, KY Accounts			X																	X										
			Loan to Napolitano for Congress			X										X							X										
			The Girls- Norwalk, CA		X														Jewelry sales				X										
			4-Plex Rental Units 7814 Kingsbury Way San Antonio, TX					X							X										X								

SCHEDULE IV— TRANSACTIONS

Name Grace Flores Napolitano

Page 4 of 5

Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. **If only a portion of an asset is sold, please so indicate (i.e., "partial sale").** See example below.

Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the “capital gains” box and disclose this income on Schedule III.

[illegible]

This page may be copied if more space is required.

SCHEDULE V— LIABILITIES

Name Girale Flores Napolitano

Page 5 of 5

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor		Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability										
					A \$10,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	
	Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE *				X							
	Bank of America		April 2008	Mortgage on 4-Plex in Texas					X						
	LA Financial Credit Union		October 2010	Mortgage on House in Pico Rivera, CA				X							

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
<i>Example:</i> Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345

Use additional sheets if more space is required.

**UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

FORM A Page 1 of 9
For use by Members, officers, and employees

HAND DELIVERED

Linda T. Sanchez
(Full Name)

(202) 225-6676
(Daytime Telephone)

LEGISLATIVE RESOURCE CENTER

2011 MAY 16 PM 4:21

MC

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Filer Status

☒ Member of the U.S. House of Representatives
State: CA District: 39

☐ Officer Or Employee
Employing Office:

Report Type

☒ Annual (May 15) ☐ Amendment ☐ Termination

Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Linda T. Sanchez

Page 2 of 9

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Sullivan Consulting LLC	Spouse salary	N/A
JMS Consulting LLC	Spouse salary	N/A
Connecticut Municipal Electric Cooperative	Spouse salary	N/A
Norwich Public Utilities	Spouse salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Linda T. Sanchez

Page 3 of 9

<p>BLOCK A</p> <p>Asset and/or Income Source</p> <p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>	<p>BLOCK B</p> <p>Year-End Value of Asset</p> <p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>BLOCK C</p> <p>Type of Income</p> <p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>BLOCK D</p> <p>Amount of Income</p> <p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>BLOCK E</p> <p>Transaction</p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
Real property - 20619 Wardham Ave., Lakewood, CA	\$250,001 - \$500,000	RENT	\$2,501 - \$5,000	
Real property - 305 C St., N.E., #105, Washington, DC	None	CAPITAL GAINS/RENT	\$50,001 - \$100,000	S
SchoolsFirst Federal Credit Union savings account	\$50,001 - \$100,000	INTEREST	\$1 - \$200	
SP Peoples United Bank	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP Bank of America	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
SP Charles Schwab IRA				

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Linda T. Sanchez

Page 4 of 9

SP	- money market fund	\$1 - \$1,000	INTEREST	\$1 - \$200	
SP	- UBS AG stock	None	DIVIDENDS/CAPITAL GAINS	\$1,001 - \$2,500	S
SP	UBS Financial Services IRA				
SP	- Investment Company of America Fund	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	
SP	Hartford Life Insurance Variable Life Policy				
SP	- HLS Total Return Bond Fund	\$15,001 - \$50,000	INTEREST/CAPITAL GAINS	\$201 - \$1,000	P
SP	- AMR Growth Fund	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	P
DC	Peoples United Bank				
DC	- CDs	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
DC	- American Funds 529 Plan GFA	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	
DC	Bank of America savings accounts	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
DC	UBS Financial Services				
DC	- money market fund	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
DC	- Growth Fund of America	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Linda T. Sanchez

Page 5 of 9

DC	- Cisco Systems	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
DC	- Citadel Broadcasting	None	None	NONE	
DC	- Intel	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
DC	- Microsoft	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
DC	- Pfizer	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
DC	- Time Warner	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
DC	- Trans World Entertainment	\$1 - \$1,000	None	NONE	
DC	- Walmart	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
DC	- Walt Disney	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
DC	U.S. savings bonds	\$1 - \$1,000	INTEREST	\$1 - \$200	
DC	Cisco Systems	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

SCHEDULE IV - TRANSACTIONS

Name Linda T. Sanchez

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Real property - 305 C St., N.E., #105, Washington, DC	S	Yes	5-6-10	\$250,001 - \$500,000
SP	UBS AG	S	Yes	10-13-10	\$15,001 - \$50,000
SP	HLS Total Return Bond Fund	P	N/A	Quarterly	\$1,001 - \$15,000
SP	AMR Growth Fund	P	N/A	Quarterly	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

Name Linda T. Sanchez

Page 7 of 9

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	Nelnet, Colorado	1992	Student loan	\$15,001 - \$50,000
	Citibank	1999	Mortgage and HELOC on 20619 Wardham Ave., Lakewood, CA	\$250,001 - \$500,000
	Wells Fargo (formerly Wachovia)	Oct. 2005	Mortgage and HELOC on 305 C St., N.E., #105, Washington, DC	\$250,001 - \$500,000
SP	Bank of America	Dec. 2010	credit card	\$10,001 - \$15,000
SP	Chase Bank	Dec. 2010	credit card	\$15,001 - \$50,000

SCHEDULE IX - AGREEMENTS

Name Linda T. Sanchez

Page 8 of 9

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
Sep. 2002	IBEW	vested pension to be paid upon retirement
Sep. 2007	Grand Central Publishing	publishing agreement - 7.5% royalty on all trade paperback editions sold beyond first \$35,000

FOOTNOTES

Name Linda T. Sanchez

Page 9 of 9

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule V	Liabilities on 305 C St., N.E., #105, Washington, DC, property paid off in full with proceeds from sale.	Wells Fargo (formerly Wachovia)
2	Schedule IX	Since no royalties were received in 2010, filer understands that this agreement is not required to be reported, but is reporting it since it was listed on previous filings.	Grand Central Publishing
3	Schedule III	These shares were canceled as a result of the company's bankruptcy and reorganization and are now worthless.	- Citadel Broadcasting

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 7
 For use by Members, officers, and employees

HAND DELIVERED

Edward Randall Royce

202-225-4111

(Full Name)

(Daytime Telephone)

2011 MAY 13 AM 10:56

MC

OFF (Office Use Only)

U.S. HOUSE OF REPRESENTATIVES

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>CA</u> District: <u>40</u>	<input type="checkbox"/> Officer Or Employee	Employing Office:
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:

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I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

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Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Edward Randall Royce

Page 2 of 7

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Alcatel Lucent	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Edward Randall Royce

Page 3 of 7

BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>		<p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
SP	Alcatel Lucent Stock (Spouse IRA)	\$1 - \$1,000	None	NONE	
SP	Biotime Inc. Stock (Spouse IRA)	\$15,001 - \$50,000	None	NONE	P
SP	Blackrock Energy And Resources Fund (Spouse IRA)	\$1,001 - \$15,000	None	\$201 - \$1,000	P
SP	Blackrock Global Opportunity Equity Fund (Spouse IRA)	None	DIVIDENDS	\$201 - \$1,000	PS
JT	Cash/CFCU Savings	\$1,001 - \$15,000	None	NONE	
SP	Engendering Success (Spouse)	None	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Edward Randall Royce

Page 4 of 7

SP	Enterprise Products Partner (Spouse IRA)	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P
SP	Fidelity Mutual Fund - International Equity (Spouse IRA)	\$100,001 - \$250,000	DIVIDENDS	\$5,001 - \$15,000	
SP	Franklin India Growth Fund (Spouse IRA)	\$1,001 - \$15,000	CAPITAL GAINS	\$201 - \$1,000	P
SP	Geron Corp Stock (Spouse IRA)	None	None	NONE	S
SP	I Share DowJones Index Fund (Spouse IRA)	None	DIVIDENDS	\$1 - \$200	PS
SP	I Shares Indonesia (Spouse IRA)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
SP	Janus Forty Fund (Spouse IRA)	\$1,001 - \$15,000	None	NONE	P
SP	Procter and Gamble Stock (Spouse IRA)	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	Templeton Emerging Markets Fund (Spouse IRA)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
SP	UBS Bank USA Money Market Funds I (Spouse IRA) *split into 2 accounts	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	UBS Bank USA Money Market Funds II (Spouse IRA)	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	Western Asset Global High Income Fund (Spouse IRA)	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	P

SCHEDULE IV - TRANSACTIONS

Name Edward Randall Royce

Page 5 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	Biotime Inc. Stock (Spouse IRA)	P	N/A	11-8-10	\$1,001 - \$15,000
SP	Blackrock Energy And Resources Fund (Spouse IRA)	P	N/A	01-19-10	\$1,001 - \$15,000
SP	Blackrock Global Opportunity Equity Fund (Spouse IRA)	S	Yes	12-20-10	\$1,001 - \$15,000
SP	Blackrock Global Opportunity Equity Fund (Spouse IRA)	P	N/A	1-19-10	\$1,001 - \$15,000
SP	Enterprise Products Partner (Spouse IRA)	P	N/A	06-04-10 12-27-10	\$15,001 - \$50,000
SP	Franklin India Growth Fund (Spouse IRA)	P	N/A	4-27-10	\$1,001 - \$15,000
SP	Geron Corp Stock (Spouse IRA)	S	Yes	4-12-10	\$1,001 - \$15,000
SP	I Share DowJones Index Fund (Spouse IRA)	P	N/A	1-22-10	\$1,001 - \$15,000
SP	I Share DowJones Index Fund (Spouse IRA)	S	Yes	12-20-10	\$1,001 - \$15,000
SP	I Shares Indonesia (Spouse IRA)	P	N/A	11-18-10	\$1,001 - \$15,000
SP	Janus Forty Fund (Spouse IRA)	P	N/A	6-4-10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name Edward Randall Royce

Page 6 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	Templeton Emerging Markets Fund (Spouse IRA)	P	N/A	1-19-10	\$1,001 - \$15,000
SP	Western Asset Global High Income Fund (Spouse IRA)	P	N/A	1-19-10	\$1,001 - \$15,000

FOOTNOTES

Name Edward Randall Royce

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Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	The decrease in the year end value of asset for the 2010 money market fund account was due to the fact that this fund was used to make all of the investment purchases in 2010.	UBS Bank USA Money Market Funds II (Spouse IRA)

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES		FORM A	Page 1 of 6
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT		For use by Members, officers, and employees	
Jerry Lewis		(202)225-5861	2011 MAY -9 AM 11:25
(Full Name)		(Daytime Telephone)	OFFICE OF CLERK U.S. HOUSE OF REPRESENTATIVES Office Use Only
Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives State: <u>CA</u> District: <u>41</u>	<input type="checkbox"/> Officer Or Employee Employing Office: _____	A \$200 penalty shall be assessed against anyone who files more than 30 days late.
Report Type	<input checked="" type="checkbox"/> Annual (May 15) <input type="checkbox"/> Amendment <input type="checkbox"/> Termination	Termination Date: _____	

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Financial Disclosure Statement of Spouse is attached hereto and made a part hereof.

SCHEDULE I - EARNED INCOME

Name Jerry Lewis

Page 2 of 6

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Legislators Retirement System, State of CA.	Legislative Pension	\$4,471.56
Penn Mutual Life Insurance Agents (handled by MG Trust Compa, LLC	Agents Retirement	\$5,766.13

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Jerry Lewis

Page 3 of 6

BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or	BLOCK B Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	BLOCK D Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
Arrowhead Credit Union	\$100,001 - \$250,000	INTEREST	\$201 - \$1,000	
Chas. Schwab IRA distribution	\$50,001 - \$100,000	Distribution	\$2,501 - \$5,000	
Chas. Schwab Money Mkt. IRA	\$50,001 - \$100,000	INTEREST	NONE	
Congressional Federal Credit Union	\$100,001 - \$250,000	INTEREST	\$201 - \$1,000	
Legislators Retirement System	\$100,001 - \$250,000	Distribution	\$2,501 - \$5,000	
Lewis Family Trust 1/4 Sh. Copy attached	\$15,001 - \$50,000	Distrbutioni	\$1,001 - \$2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Jerry Lewis

Page 4 of 6

	Penn Mutual Life Insurance Co. retirement	\$100,001 - \$250,000	Distribution	\$5,001 - \$15,000	
	Security Bank of CA--2200 Shares	\$15,001 - \$50,000	None	NONE	
	Security Bank of CA-- Certificate of Deposit	\$100,001 - \$250,000	INTEREST	\$201 - \$1,000	

SCHEDULE VIII - POSITIONS

Name Jerry Lewis

Page 5 of 6

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
1959 Penn Mutual Life Insurance Co.	Agents Retirement Plan (now administered by MG Trust Co. LLC)
1969 Legislative Retirement System	State of CA.

SCHEDULE IX - AGREEMENTS

Name Jerry Lewis

Page 6 of 6

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
1959	Penn Mutual Life Insurance Co. (now administered by MG Trust Company, LLC	Agents Retirement Plan
1969	Legislative Retirement System	State of CA

CONTINUATION OF EDWARD R. LEWIS AND ELAINE L. LEWIS TRUST

The undersigned, Richard J. Lewis, Edward R. Lewis, Jr., C. Jeremy Lewis, and John C. Lewis are the vested sole beneficiaries of the Edward R. Lewis and Elaine L. Lewis Trust executed June 15, 1983, a copy of which is attached hereto. Following the deaths of Edward R. Lewis and Elaine L. Lewis, outright distribution has been made of some of the assets of this Trust, but the assets listed on Schedule A attached hereto continue to be held by C. Jeremy Lewis as Trustee of said Trust for the benefit of all of the undersigned.

The undersigned hereby agree that said property shall continue to be held, administered, and distributed by Trustee of said Trust in accordance with the provisions of said Trust as modified by this instrument.

1. Purpose. The purpose of this Trust as hereby extended shall be for Trustee to manage the assets of this Trust, collect all payments on obligations owed, divide and distribute the proceeds equally between us, liquidate all tangible assets of this Trust, and make distribution of the net proceeds to us.

2. Term. The term of this Trust shall be for so long as necessary to sell the real property and obtain complete payment on all notes and contracts which are the subject of this Trust, or for 10 years from the date of this instrument, whichever first occurs. At the expiration of this Trust, outright distribution shall be made by Trustee to the undersigned in equal shares, if all of them living, or to the successor beneficiaries of each of us as designated on the beneficiary designation of each, if any of us is not living at the time a distribution is to be made.

3. Beneficiary Designations. For so long as each of us are living, all distributions shall be made in equal shares to each of us, with Trustee holding such reserves as Trustee may deem appropriate for the management of the Trust estate. Upon the death of any of us prior to the termination of this Trust, the share of this Trust allocable to such deceased person and all distributions being made for such person shall be delivered to the beneficiaries designated for such person in accordance with the Beneficiary Designation of such deceased person delivered to Trustee. If no Beneficiary Designation has been executed by any of us at the time of the death of any of us or Trustee has not received the original of such Beneficiary Designation when a distribution is to be made, distribution of such deceased person's share shall be made without the need for any probate administration to the beneficiaries of such deceased person's last Will, or if there is no Will, to such deceased beneficiary's intestate heirs according to California's laws of intestate succession. If Trustee has any doubt as to the appropriate distribution to be made, Trustee may, in Trustee's sole discretion, make distribution to the estate of the one of us as to

when the ambiguity exists or may petition the Court for instructions as to the appropriate distribution. Each of us may modify his Beneficiary Designation at any time by sending to Trustee a duly executed revision and, upon receipt of such change of Beneficiary Designation by Trustee, such change shall be effective.

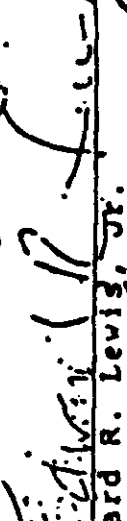
3.1 Each of us shall be considered as the primary beneficiary of his share of this Trust, and the designated successor beneficiaries shall have no rights or powers concerning this Trust until the interests of such successor beneficiaries vest upon the death of one of us.


3.2 Notwithstanding anything set forth above, Trustee may, in Trustee's sole discretion, at any time elect to distribute all of the assets of this Trust in undivided shares equally between the four primary beneficiaries of the Trust; provided, however, if any of us is then deceased, the distribution of the share of such deceased one of us shall be made to the designated beneficiaries of such deceased person.

4. Additional modifications of Trust. This Trust may be amended at any time by written document executed by the four of us and may be revoked by written document executed by the four of us. It may not be amended or revoked in any other manner.

Executed effective December 1, 1989.

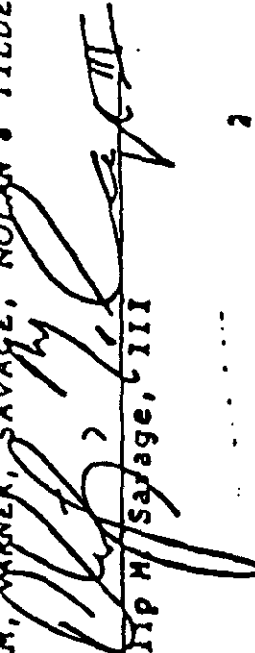

Richard J. Lewis


Edward R. Lewis, Jr.


C. Jeremy Lewis


John G. Lewis

Approved as to form:
GRESHAM, PARNER, SAVAGE, NOLAN & TILDEN

By: 
Philip M. Savage, III

All assets of the Edward R. and Elaine Lewis Trust dated June 15, 1983 remaining Following outright distributions after the death of Edward R. Lewis on May 13, 1988, Including but not limited to the following as of December 31, ~~2009~~ : 2010

Lot 32 Area 43,608 sq. ft. in Block 265 as delineated on the map entitled Hawaiian Ocean View Estates which said map was filed in the Bureau of Conveyances of the State of Hawaii 4-5-62 as File Plan 787.

Real property in San Bernardino County, a., subject to contract for sale dated November 5, 1999 for \$39,000 by David T. Kupfer.

Real property in San Bernardino County, Ca., subject to contract for sale dated 3, 1997, for \$30,000 by Robert and Betty Lou Haisch.

Real property in San Bernardino County, Ca., subject to contract for sale dated February 22, 2005, for \$40,000 by Helena Bongartz. - *Grant Deed Issued 12/20/10*

Real property in San Bernardino County, Ca. subject to contract for sale dated February 22, 2005, for \$30,000 by Helena Bongartz. - *Grant Deed Issued 12/20/10*

Real property in San Bernardino County, Ca. subject to contract for sale dated February 1, 2005, for \$24,000 by Cliff and Toni McDonald.

Real property in San Bernardino County, Ca. subject to contract for sale dated May 1, 2000 for \$32,000 by Timothy and Florance Haisch.

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT			FORM A For use by Members, officers, and employees		Page 1 of 4
Arlene M. Willis (Full Name)			(202)225-5861 (Daytime Telephone)		(Office Use Only) A \$200 penalty shall be assessed against anyone who files more than 30 days late.
Filer Status	<input type="checkbox"/> Member of the U.S. House of Representatives	State: _____ District: _____	<input checked="" type="checkbox"/> Officer Or Employee	Employing Office: Jerry Lewis	
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination Termination Date: _____		

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$336 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$336 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VIII.
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule V.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Financial Disclosure Statement of Spouse is attached hereto and made a part hereof.

SCHEDULE I - EARNED INCOME

Name Arlene M. Willis

Page 2 of 4

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Legislators Retirement System, State of CA. (Spouse)	Legislative Pension (Spouse)	\$4,471.56
Penn Mutual Life Insurance Agents (handled by MG Trust Company, LLC. (Spouse)	Agents Retirement (Spouse)	\$5,766.13

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Arlene M. Willis

Page 3 of 4

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.

For rental or other real property held for investment, provide a complete address.

For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or

BLOCK B

Year-End Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."

BLOCK C

Type of Income

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.

BLOCK D

Amount of Income

For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

BLOCK E

Transaction

Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

	Arrowhead Credit Union	\$100,001 - \$250,000	INTEREST	\$201 - \$1,000	
	Chas. Schwab IRA Distribution	\$50,001 - \$100,000	Distribution	\$2,501 - \$5,000	
	Chas. Schwab Money Mkt. IRA	\$50,001 - \$100,000	INTEREST	NONE	
	Congressional Federal Credit Union	\$100,001 - \$250,000	INTEREST	\$201 - \$1,000	
	EACH ITEM SAME AS THOSE SHOWN ON SPOUSE REPORT	--	--	--	
	Legislators Retirement System	\$100,001 - \$250,000	Distribution	\$2,501 - \$5,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Arlene M. Willis

Page 4 of 4

	Lewis Family Trust 1/4 Sh. Copy attached	\$15,001 - \$50,000	Distribution	\$1,001 - \$2,500	
	Penn Mutual Life Insurance Co. Retirement	\$100,001 - \$250,000	Distribution	\$5,001 - \$15,000	
	Security Bank of CA--2200 shs.	\$15,001 - \$50,000	None	NONE	
	Security Bank of CA-- Certificate of Deposit	\$100,001 - \$250,000	INTEREST	\$201 - \$1,000	

CONTINUATION OF EDWARD R. LEWIS AND ELAINE L. LEWIS TRUST

The undersigned, Richard J. Lewis, Edward R. Lewis, Jr., C. Jeremy Lewis, and John C. Lewis are the vested sole beneficiaries of the Edward R. Lewis and Elaine L. Lewis Trust executed June 15, 1981, a copy of which is attached hereto. Following the deaths of Edward R. Lewis and Elaine L. Lewis, outright distribution has been made of some of the assets of this Trust, but the assets listed on Schedule A attached hereto continue to be held by C. Jeremy Lewis as Trustee of said Trust for the benefit of all of the undersigned.

The undersigned hereby agree that said property shall continue to be held, administered, and distributed by Trustee of said Trust in accordance with the provisions of said Trust as modified by this instrument.

1. Purpose. The purpose of this Trust as hereby extended shall be for Trustee to manage the assets of this Trust, collect all payments on obligations owed, divide and distribute the proceeds equally between us, liquidate all tangible assets of this Trust, and make distribution of the net proceeds to us.

2. Term. The term of this Trust shall be for so long as necessary to sell the real property and obtain complete payment on all notes and contracts which are the subject of this Trust, or for 10 years from the date of this instrument, whichever first occurs. At the expiration of this Trust, outright distribution shall be made by Trustee to the undersigned in equal shares, if all of them living, or to the successor beneficiaries of each of us as designated on the beneficiary designation of each, if any of us is not living at the time a distribution is to be made.

3. Beneficiary Designations. For so long as each of us are living, all distributions shall be made in equal shares to each of us, with Trustee holding such reserves as Trustee may deem appropriate for the management of the Trust estate. Upon the death of any of us prior to the termination of this Trust, the share of this Trust allocable to such deceased person and all distributions being made for such person shall be delivered to the beneficiaries designated for such person in accordance with the Beneficiary Designation of such deceased person delivered to Trustee. If no Beneficiary Designation has been executed by any of us at the time of the death of any of us or Trustee has not received the original of such Beneficiary Designation when a distribution is to be made, distribution of such deceased person's share shall be made without the need for any probate administration to the beneficiaries of such deceased person's last Will, or if there is no Will, to such deceased beneficiary's intestate heirs according to California's laws of intestate succession. If Trustee has any doubt as to the appropriate distribution to be made, Trustee may, in Trustee's sole discretion, make distribution to the estate of the one of us as to

when the ambiguity exists or may petition the Court for instructions as to the appropriate distribution. Each of us may modify his Beneficiary Designation at any time by sending to Trustee a duly executed revision and, upon receipt of such change of Beneficiary Designation by Trustee, such change shall be effective.


3.1 Each of us shall be considered as the primary beneficiary of his share of this Trust, and the designated successor beneficiaries shall have no rights or powers concerning this Trust until the interests of such successor beneficiaries vest upon the death of one of us.

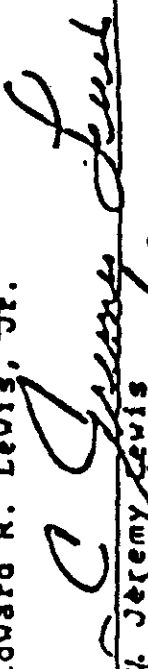
3.2 Notwithstanding anything set forth above, Trustee may, in Trustee's sole discretion, at any time elect to distribute all of the assets of this Trust in undivided shares equally between the four primary beneficiaries of the Trust; provided, however, if any of us is then deceased, the distribution of the share of such deceased one of us shall be made to the designated beneficiaries of such deceased person.

4. Additional modifications of Trust. This Trust may be amended at any time by written document executed by the four of us and may be revoked by written document executed by the four of us. It may not be amended or revoked in any other manner.

Executed effective December 1, 1989.

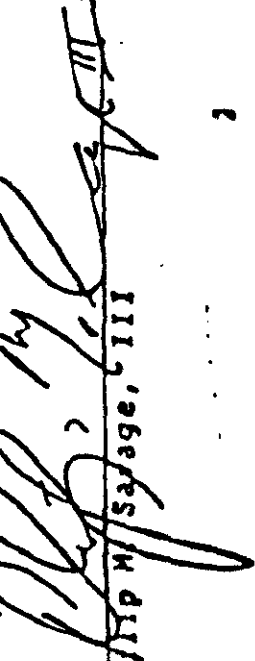

Richard J. Lewis


Edward R. Lewis, Jr.


Cl. Jeremy Lewis


John G. Lewis

Approved as to form:
GRESHAM, PARRIN, SAVAGE, NOLAN & TILDEN

By: 
Philip M. Savage, III

All assets of the Edward R. and Elaine Lewis Trust dated June 15, 1983 remaining
Following outright distributions after the death of Edward R. Lewis on May 13, 1988,
Including but not limited to the following as of December 31, ~~2009~~ *2010*

Lot 32 Area 43,608 sq. ft. in Block 265 as delineated on the map entitled
Hawaiian Ocean View Estates which said map was filed in the Bureau of
Conveyances of the State of Hawaii 4-5-62 as File Plan 787.

Real property in San Bernardino County, a., subject to contract for sale dated
November 5, 1999 for \$39,000 by David T. Kupfer.

Real property in San Bernardino County, Ca., subject to contract for sale dated
3, 1997, for \$30,000 by Robert and Betty Lou Haisch.

Real property in San Bernardino County, Ca., subject to contract for sale dated
February 22, 2005, for \$40,000 by Helena Bongartz. - *Grant Deed Issued 12/29/10*

Real property in San Bernardino County, Ca. subject to contract for sale dated
February 22, 2005, for \$30,000 by Helena Bongartz. - *Grant Deed Issued 12/20/10*

Real property in San Bernardino County, Ca. subject to contract for sale dated
February 1, 2005, for \$24,000 by Cliff and Toni McDonald.

Real property in San Bernardino County, Ca. subject to contract for sale dated
May 1, 2000 for \$32,000 by Timothy and Florence Haisch.

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 12
 For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER

2011 MAY 16 AM 10:45

U.S. HOUSE OF REPRESENTATIVES

MC

Gary G. Miller
 (Full Name)

202 225-3201
 (Daytime Telephone)

HAND DELIVERED
 (Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>CA</u> District: <u>42</u>	<input type="checkbox"/> Officer Or Employee	Employing Office: _____	A \$200 penalty shall be assessed against anyone who files more than 30 days late.
	Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII.
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule V.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Gary G. Miller

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Gary Miller for Congress	Spouse Salary	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Gary G. Miller

Page 3 of 12

<p>BLOCK A</p> <p>Asset and/or Income Source</p> <p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement</p>	<p>BLOCK B</p> <p>Year-End Value of Asset</p> <p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>BLOCK C</p> <p>Type of Income</p> <p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>BLOCK D</p> <p>Amount of Income</p> <p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>BLOCK E</p> <p>Transaction</p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
<p>LOT 15 TRACT 23483 1+ ACRE DIAMOND BAR, CA</p>	<p>\$500,001 - \$1,000,000</p>	<p>None</p>	<p>NONE</p>	
<p>LOT 16 TRACT 23483 1+ACRE DIAMOND BAR, CA</p>	<p>\$500,001 - \$1,000,000</p>	<p>None</p>	<p>NONE</p>	
<p>APN 201 021 22, APN 201 032 01, APN 200 051 42 & APN 200 051 70. THESE 4 PARCELS MAKE UP 382 ACRES VACANT LAND IN RANCHO CUCAMONGA, CA</p>	<p>\$5,000,001 - \$25,000,000</p>	<p>None</p>	<p>NONE</p>	
<p>APN 239 193 11 VACANT LAND. INDUSTRIAL 5AC. RIALTO, CA</p>	<p>\$1,000,001 - \$5,000,000</p>	<p>None</p>	<p>NONE</p>	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Gary G. Miller

Page 4 of 12

	CALIF. STATEWIDE CMNTYS DEV AUTH WATER & WASTEWATER REV MUNIBOND	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	S(part)
	CALIFORNIA CHRISTIAN CREDIT UNION BANK ACCOUNT	\$1,000,001 - \$5,000,000	INTEREST	\$15,001 - \$50,000	
	CAPITAL WORLD GROWTH AND INCOME FUND CLASS A	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	CAPITOL INCOME BUILDER FUND CLASS A	\$1 - \$1,000	DIVIDENDS/CAPIT TAL GAINS	\$1 - \$200	
	CAPITOL SOURCE BANK ACCOUNT	None	None	NONE	
SP	CAROLINE PACIFIC LLC REAL ESTATE INVESTMENT WALNUT, CA	\$1,001 - \$15,000	None	NONE	
	CARRARI RANCH LLC REAL ESTATE INVESTMENT WALNUT, CA	\$1,001 - \$15,000	None	NONE	
	CHINO CALIF CMNTY FACS DIST SPL TAX MUNI BOND	None	INTEREST	\$1,001 - \$2,500	S
JT	CITIBANK NA SOUTH DAKOTA BANK ACCOUNT 15432 DEP PROGRAM - FORMERELY-CITIBANK BANK DEPOSIT PROGRAM	None	INTEREST	\$1 - \$200	
	COMMERCIAL BANK ACCOUNT	\$1,000,001 - \$5,000,000	INTEREST	\$15,001 - \$50,000	
	CUCAMONGA VY CALIF WTR DIST CTFS	\$100,001 - \$250,000	INTEREST	\$5,001 - \$15,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Gary G. Miller

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	FOOTHILL/EASTERN TRANS CORRIDOR AGY CA MUNIBOND	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
	G. MILLER DEVELOPMENT CO., COMMON STOCK REAL ESTATE INVESTMENT WALNUT,CA	\$500,001 - \$1,000,000	None	NONE	
	GRAN TIERRA ENERGY INC	None	CAPITAL GAINS	\$100,001 - \$1,000,000	S
	HAVADJIA HOLDING, INC. RIVERSIDE,CA NOTE SECURED BY DEED OF TRUST	\$250,001 - \$500,000	INTEREST	\$15,001 - \$50,000	
	INVESTMENT COMPANY OF AMERICA	\$50,001 - \$100,000	DIVIDENDS/CAPIT AL GAINS	\$1,001 - \$2,500	
	IRA - BANK OF AMERICA CORP	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	IRA - CENTURYLINK INC WAS EMBARQ CORP- MERGED 7/1/09 AND BECAME-CENTURYTEL INC	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
SP	IRA - CITIBANK NA SOUTH DAKOTA BANK ACCOUNT DEPOSIT PROGRAM	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
	IRA - GENERAL ELECTRIC CO	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	IRA - HARTFORD INT'L OPPORTUNITY	\$15,001 - \$50,000	CAPITAL GAINS	\$1 - \$200	
SP	IRA - HARTFORD INT'L OPPORTUNITY	\$1,001 - \$15,000	CAPITAL GAINS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Gary G. Miller

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	IRA - HARTFORD MIDCAP FUND CLASS B	\$15,001 - \$50,000	CAPITAL GAINS	\$1 - \$200	
	IRA - HOME DEPOT INC	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	IRA - INTEL CORP	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	IRA - MAINSTAY EQUITY INDEX FUND	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	IRA - MAINSTAY EQUITY INDEX FUND	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	IRA - MICROSOFT CORP	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	IRA - MOTOROLA INC	\$1,001 - \$15,000	None	NONE	
	IRA - PROCTOR & GAMBLE CO	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	IRA - SPRINT NEXTEL CORP	\$1,001 - \$15,000	None	NONE	
SP	IRA- HARTFORD DIVIDEND & GROWTH	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	
SP	IRA- HARTFORD MIDCAP FUND CLASS	\$1,001 - \$15,000	CAPITAL GAINS/DIVIDENDS	\$1 - \$200	
	JACOBS ENGINEERING	\$15,001 - \$50,000	None	NONE	
	LANDS BEND, LLC, LOT 18 , SOUTH DEERFIELD PARK, DESCHUTES COUNTY, OREGON	None	CAPITAL GAINS	\$15,001 - \$50,000	PS

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Gary G. Miller

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LANDS BEND, LLC, LOT 19, SOUTH DEERFIELD PARK, DESCHUTES COUNTY, OREGON	\$100,001 - \$250,000	None	NONE	P
LANDS BEND, LLC, LOT 47, SOUTH DEERFIELD PARK, DESCHUTES COUNTY, OREGON	None	CAPITAL GAINS	\$15,001 - \$50,000	PS
LANDS BEND, LLC, LOT 12 GANNON POINT, DESCHUTES COUNTY, OREGON	\$100,001 - \$250,000	None	NONE	P
LANDS BEND, LLC, REAL ESTATE INVESTMENT, IRVINE, CA 92614	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	
LDK SOLAR CO LTD	\$15,001 - \$50,000	None	NONE	
LONG TERM BEND INVESTORS LLC, REAL ESTATE INVESTMENT, IRVINE, CA 92614	\$250,001 - \$500,000	INTEREST/RENT	\$15,001 - \$50,000	
LTB IMPROVED LOTS 1-20, 22-37, 40-49, 51-75, 77, 79-103, MIRADA PHASE I, DESCHUTES COUNTY, CITY OF BEND, OREGON	\$1,000,001 - \$5,000,000	None	NONE	
LTB IMPROVED LOTS 1-21, 24-28, 30, 32, RIMROCK RIDERS, DESCHUTES COUNTY, CITY OF BEND, OREGON	\$1,000,001 - \$5,000,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Gary G. Miller

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LTB IMPROVED LOTS 1-26, GANNON POINT, DESCHUTES COUNTY, OREGON	\$500,001 - \$1,000,000	CAPITAL GAINS	\$50,001 - \$100,000	PS(part)
LTB IMPROVED LOTS 1-4, 6- 8, 10, 12-14, 17, 20-22, 24, 27- 32, 34, 42-44, LAUREL SPRINGS, DESCHUTES COUNTY, CITY OF BEND, OREGON	\$500,001 - \$1,000,000	None	NONE	
LTB IMPROVED LOTS 33-35. 37-38, 40-45, 48, 54, 55, 58-59, 106-107, FIELDSTONE CROSSING, DESCHUTES COUNTY, OREGON	\$1,000,001 - \$5,000,000	None	NONE	P
LTB IMPROVED LOTS 3-6, 8- 20, CROSSWINDS, DESCHUTES COUNTY,CITY OF BEND, OREGON	\$250,001 - \$500,000	None	NONE	
LTB IMPROVED LOTS 4-6, 9, 11-48, 50-63, SOUTH DEERFIELD PARK, DESCHUTES COUNTY, OREGON	\$1,000,001 - \$5,000,000	None/CAPITAL GAINS	\$100,001 - \$1,000,000	PS(part)
LTB MIRADA II, NE 1/4 SW 1/4 OF SECTION 23, TOWNSHIP 17 SOUTH, RANGE 12, EAST OF WILLAMETTE MERIDIAN, DESCHUTES COUNTY, OREGON	\$1,000,001 - \$5,000,000	None	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Gary G. Miller

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	LTB RIVER RIM, IMPROVED LOTS, 371-371, 373-374, 398- 404, 416-420, 431-433, 442- 444, 455-457, DESCHUTES COUNTY, OREGON	\$500,001 - \$1,000,000	None	NONE	P
	MORGAN STANLEY CITIBANK NA SO DAKOTA 1381 FORMERLY SMITH BARNEY MM-1381	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$1 - \$200	
	PETROBRAS	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
	PFF BANCORP INC	None	None	NONE	S
	RENESOLA LTD	\$15,001 - \$50,000	None	NONE	
	SUN AMERICA LIFE INSURANCE	\$1,001 - \$15,000	None	NONE	
	TRANSOCEAN LIMITED	\$15,001 - \$50,000	None	NONE	
	US BANK ACCOUNT- FORMERELY-POMONA BANK & TRUST	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500	
	VALE S A ADR COMPANHIA VALE DO WAS EXCHANGED FOR VALE S A ADR in 2009	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	VANGUARD MONEY MKT FUND	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	

SCHEDULE IV - TRANSACTIONS

Name Gary G. Miller

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	CALIFORNIA STATEWIDE CDA WATER & WASTE WATER	S(part)	No	10-1-10	\$1,001 - \$15,000
	CHINO CALIF CMNTY FACS DIST	S	No	9-1-10	\$15,001 - \$50,000
	GRAN TIERRA ENERGY INC	S	Yes	8-27-10	\$500,001 - \$1,000,000
	GRAN TIERRA ENERGY INC	S(part)	Yes	8-26-10	\$50,001 - \$100,000
	LANDS BEND LLC, LOT 19 SOUTH DEERFIELD PARK, DESCHUTES COUNTY, OREGON	P	N/A	6-30-10	\$100,001 - \$250,000
	LANDS BEND, LLC, LOT 18 , 61166 SE GEARY, BEND, SOUTH DEERFIELD PARK, DESCHUTES COUNTY, OREGON	S	Yes	7-28-10	\$100,001 - \$250,000
	LANDS BEND, LLC, LOT 18 , SOUTH DEERFIELD PARK, DESCHUTES COUNTY, OREGON	P	N/A	6-30-10	\$50,001 - \$100,000
	LANDS BEND, LLC, LOT47, 60960 SE MILES CT., BEND, SOUTH DEERFIELD PARK, DESCHUTES COUNTY, OREGON	S	Yes	10-12-10	\$100,001 - \$250,000
	LANDS BEND, LLC, LOT47, SOUTH DEERFIELD PARK, DESCHUTES COUNTY, OREGON	P	N/A	6-30-10	\$100,001 - \$250,000
	LANDS BEND, LLC, LOT 12 GANNON POINT, DESCHUTES COUNTY, OREGON	P	N/A	6-30-10	\$50,001 - \$100,000

SCHEDULE IV - TRANSACTIONS

Name Gary G. Miller

Page 11 of 12

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	LTB IMPROVED LOT 12 GANNON POINT, DESCHUTES COUNTY, OREGON	S	Yes	6-30-10	\$50,001 - \$100,000
	LTB 3- IMPROVED LOTS, 18-19, 47, SOUTH DEERFIELD PARK, DESCHUTES COUNTY, OREGON	S	Yes	6-30-10	\$250,001 - \$500,000
	LTB IMPROVED LOTS 33-35, 37-38, 40-45, 48, 54, 55, 58-59, 106-107, FIELDSTONE CROSSING, DESCHUTES COUNTY, OREGON	P	N/A	3-27-10	\$1,000,001 - \$5,000,000
	LTB IMPROVED LOTS 4-6, 9, 11-48, 50-63, SOUTH DEERFIELD PARK, DESCHUTES COUNTY, OREGON	P	N/A	3-12-10	\$1,000,001 - \$5,000,000
	LTB MIRADA II, NE 1/4 SW 1/4 OF SECTION 23, TOWNSHIP 17 SOUTH, RANGE 12, EAST OF WILLAMETTE MERIDIAN, DESCHUTES COUNTY, OREGON	P	N/A	4/14/10	\$500,001 - \$1,000,000
	LTB RIVER RIM, IMPROVED LOTS, 371- 371, 373-374, 398-404, 416-420, 431-433, 442- 444, 455-457, DESCHUTES COUNTY,	P	N/A	3-25-10	\$500,001 - \$1,000,000
	PFF BANCORP INC	S	No	4-22-10	\$1,001 - \$15,000

SCHEDULE VIII - POSITIONS

Name Gary G. Miller

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
PRESIDENT	G.MILLER DEVELOPMENT
LONG TERM BEND, LLC	PARTNER
LANDS BEND, LLC	PARTNER

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Form A
For use by Members, officers, and employees

Page 1 of 1

LEGISLATIVE RESOURCE CENTER

2011 MAY 13 AM 10:45

U.S. HOUSE OF REPRESENTATIVES

Name: JOE BACA

Daytime Telephone: 5-6161

HAND DELIVERED
(Office Use Only) *MC*

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>CA</u> District: <u>43rd</u>	<input type="checkbox"/> Officer or Employee	Employing Office:
Report Type	<input checked="" type="checkbox"/> Annual (May 16, 2011)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

[illegible]

Name <u>JOE BACA</u>	Page <u>3</u> of <u>3</u>
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For additional assets and unearned income, use next page.

**UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

FORM A Page 1 of 4
For use by Members, officers, and employees

HAND DELIVERED

Kenneth Stanton Calvert

202-225-1986

(Full Name)

(Daytime Telephone)

LEGISLATIVE RESOURCE CENTER

2011 MAY 12 PM 4:40

MC

(Office Use Only)

U.S. HOUSE OF REPRESENTATIVES

Filer Status

☒ Member of the U.S. House of Representatives
State: CA
District: 44

☐ Officer Or Employee
Employing Office:

Report Type

☒ Annual (May 15) ☐ Amendment ☐ Termination

Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>Trusts--</p>	<p>Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>Exemptions--</p>	<p>Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Kenneth Stanton Calvert

Page 2 of 4

<p>BLOCK A</p> <p>Asset and/or Income Source</p> <p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>	<p>BLOCK B</p> <p>Year-End Value of Asset</p> <p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>BLOCK C</p> <p>Type of Income</p> <p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>BLOCK D</p> <p>Amount of Income</p> <p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>BLOCK E</p> <p>Transaction</p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
<p>Commercial Rental (100% interest) 63 W. Grand, Corona, CA</p>	<p>\$250,001 - \$500,000</p>	<p>None</p>	<p>NONE</p>	
<p>Commercial Rental (50% interest) 624 E. Grand, Corona, CA</p>	<p>\$500,001 - \$1,000,000</p>	<p>RENT</p>	<p>\$15,001 - \$50,000</p>	
<p>Commercial Rental (33 1/3% interest) 501 & 503 E. 6th, Corona, CA</p>	<p>\$250,001 - \$500,000</p>	<p>RENT</p>	<p>\$15,001 - \$50,000</p>	
<p>Vacant Land (33 1/3% interest) Limonite, Mira Loma, CA</p>	<p>\$250,001 - \$500,000</p>	<p>None</p>	<p>NONE</p>	
<p>Commercial Rental (20% interest) 1065 E. 3rd, Corona, CA</p>	<p>\$1,000,001 - \$5,000,000</p>	<p>RENT</p>	<p>\$50,001 - \$100,000</p>	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Kenneth Stanton Calvert

Page 3 of 4

	Commercial Rental (33 1/3% interest) 103 N. Lincoln, Corona, CA	\$500,001 - \$1,000,000	RENT	\$50,001 - \$100,000	
	Commercial Rental (33 1/3% interest) 330 Sherman Way, Corona, CA	\$250,001 - \$500,000	RENT	\$15,001 - \$50,000	
	Commercial Rental (11.1% interest) 901 E. 3rd St, Corona, CA	\$250,001 - \$500,000	RENT	\$15,001 - \$50,000	
	Citizens Business Bank Personal Checking	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500	
	Stock, Calvert Real Properties	\$250,001 - \$500,000	None	NONE	
	Note Receivable Sale from Green Farms, Texas Allen Development of Texas, LLC, Visalia, CA	\$500,001 - \$1,000,000	None	NONE	

SCHEDULE V - LIABILITIES

Name Kenneth Stanton Calvert

Page 4 of 4

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	Citizens Business Bank Corona, CA	May 2004	Mortgage (33 1/3%) 501 & 503 E. 6th Corona, CA	\$100,001 - \$250,000
	Citizens Business Bank Corona, CA	October 2007	Mortgage (50%) 624 E. Grand Blvd, Corona, CA	\$100,001 - \$250,000
	Citizens Business Bank Corona, CA	April 2009	Mortgage (33 1/3%) 330 Sherman Way, Corona, CA	\$50,001 - \$100,000
	CitiBank Irvine, CA	April 2005	Mortgage (20%) 1065 E. 3rd, Corona, CA	\$1,000,001 - \$5,000,000
	Corona Industrial Park Corona, CA	September 2007	Mortgage (11.1%) 901 E. 3rd St, Corona, CA	\$50,001 - \$100,000
	Citizens Business Bank Corona, CA	July 2010	Mortgage 63 West Grand Blvd, Corona, CA	\$100,001 - \$250,000

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 24
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER

2011 MAY 13 PM 12:29

MC

MARY BONO MACK

(Full Name)

202-225-5330

(Daytime Telephone)

HAND DELIVERED

(Office Use Only)

Filer
Status

☒ Member of the U.S.
House of Representative

State: CA
District 45

☐ Officer Or
Employee

Employing Office

Termination Date

Report
Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

A \$200 penalty shall
be assessed
against anyone who
files more than 30
days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTION

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?

Yes ☒ No ☐

If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?

Yes ☐ No ☒

If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?

Yes ☒ No ☐

If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?

Yes ☒ No ☐

If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?

Yes ☒ No ☐

If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?

Yes ☐ No ☒

If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?

Yes ☐ No ☒

If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?

Yes ☒ No ☐

If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity?

Yes ☐ No ☒

If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTION

Trusts--

Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

Yes ☐ No ☒

Exemptions--

Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes ☐ No ☒

SCHEDULE I - EARNED INCOME

Name MARY BONO MACK

Page 2 of 24

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
JPMORGAN CHASE BANK NA TEFRA ACCOUNT	PENSION	\$6,024

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO MACK

Page 3 of 24

BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or	BLOCK B Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	BLOCK D Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
BONO COLLECTION TRUST	\$250,001 - \$500,000	ROYALTIES & INTEREST	\$100,001 - \$1,000,000	
SOUND EXCHANGE, INC	INDEFINITE	ROYALTIES	\$1,001 - \$2,500	
WARNER MUSIC, INC	INDEFINITE	ROYALTIES	\$5,001 - \$15,000	
FILM PAYMENT SERVICES, INC	INDEFINITE	ROYALTIES	\$1 - \$200	
WESTERFIELD SCOTCH, LLC RENTAL PROPERTY IN COLORADO PARTNER SHARE 16.67%	\$50,001 - \$100,000	NONE	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO MACK

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SP	WESTERFIELD SCOTCH, LLC RENTAL PROPERTY IN COLORADO PARTNER SHARE 16.67%	\$1 - \$1,000	NONE	NONE	P
	UNION BANK OF CALIFORNIA	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	MERRILL LYNCH-CMA MONEY FUND	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	MERRILL LYNCH- CMA ACCOUNT	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	CALIFORNIA ST JUL08 03.500% AUG01 13	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	P
	CALIFORNIA ST NOV07 03.800% NOV01 14	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
	CALIFORNIA ST VAR PURP APR09 05.000% APR01 15	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	PS(part)
	CALIFORNIA ST NOV03 05.250% NOV01 19	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
	CALIFORNIA ST SEP05 05.000% AUG01 20	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
	LOS ANGELES CALIF UNI SCH DIST CTFS PARTN A RF JAN10 05.00% DEC01 16	None	INTEREST/CAPITAL GAINS	\$1,001 - \$2,500	PS
	LOS ANGELES CO CA CTFS PARTN A OID	None	INTEREST/CAPITAL GAINS	\$1,001 - \$2,500	S
	SAN FRAN CA CY-CO PUB	None	INTEREST/CAPITAL GAINS	\$1,001 - \$2,500	S
	AFLAC INC COM	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$1,001 - \$2,500	S(part)

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO MACK

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AMAZON COM INC	\$1,001 - \$15,000	NONE	NONE	P
APPLE INC	\$1,001 - \$15,000	CAPITAL GAINS	\$2,501 - \$5,000	S(part)
BECTON DICKINSON CO	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	S(part)
CATERPILLAR INC DEL	\$1,001 - \$15,000	DIVIDENDS/CAP ITAL GAINS	\$1,001 - \$2,500	S(part)
CISCO SYSTEMS INC COM	\$1,001 - \$15,000	NONE	NONE	S(part)
CLIFFS NATURAL RESOURCES INC	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	PS(part)
CONOCOPHILLIPS	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	PS(part)
COSTCO WHOLESALE CRP DEL	\$1,001 - \$15,000	DIVIDENDS/CAP ITAL GAINS	\$1,001 - \$2,500	PS(part)
DISNEY (WALT) CO COM STK	\$1,001 - \$15,000	NONE	NONE	PS(part)
DEVON ENERGY CORP NEW	NONE	DIVIDENDS/CAP ITAL GAINS	\$201 - \$1,000	S
EMERSON ELEC CO	\$1,001 - \$15,000	DIVIDENDS/CAP ITAL GAINS	\$1,001 - \$2,500	S(part)
FIRST SOLAR INC	\$1,001 - \$15,000	NONE	NONE	PS(part)
GENERAL MILLS	NONE	DIVIDENDS/CAP ITAL GAINS	\$1,001 - \$2,500	S
GOOGLE INC CL A	\$1,001 - \$15,000	NONE	NONE	PS(part)

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO MACK

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HCP INC	\$1,001 - \$15,000	DIVIDENDS/CAP ITAL GAINS	\$201 - \$1,000	PS(part)
JPMORGAN CHASE & CO	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	PS(part)
JOHNSON AND JOHNSON COM	\$1,001 - \$15,000	DIVIDENDS/CAP ITAL GAINS	\$201 - \$1,000	PS(part)
MCDONALDS CORP COM	\$1,001 - \$15,000	DIVIDENDS/CAP ITAL GAINS	\$201 - \$1,000	S(part)
MICROSOFT CORP	\$1,001 - \$15,000	NONE	NONE	P
ORACLE CORP \$0.01 DEL	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	PS(part)
PEABODY ENERGY CORP COM	\$1,001 - \$15,000	DIVIDENDS/CAP ITAL GAINS	\$1,001 - \$2,500	S(part)
PG&E CORP	NONE	DIVIDENDS/CAP ITAL GAINS	\$1,001 - \$2,500	S
PRAXAIR INC	\$1,001 - \$15,000	DIVIDENDS/CAP ITAL GAINS	\$201 - \$1,000	PS(part)
PROCTER & GAMBLE	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	S(part)
SANDISK CORP INC	\$1,001 - \$15,000	NONE	NONE	PS(part)
SCHLUMBERGER LTD	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	PS(part)
TARGET CORP COM	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	S(part)
3M COMPANY	NONE	DIVIDENDS/CAP ITAL GAINS	\$1,001 - \$2,500	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO MACK

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UNITED PARCEL SVC CL B	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
UNITED TECHS CORP COM	\$1,001 - \$15,000	NONE	NONE	P
US BANCORP (NEW)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	PS(part)
VERIZON COMMUNICATNS COM	NONE	DIVIDENDS	\$201 - \$1,000	S
TRANSOCEAN LTD	NONE	CAPITAL GAINS	\$201 - \$1,000	S
MERRILL LYNCH CMA - IRA	\$1,001 - \$15,000	NONE/INTERES T	\$1 - \$200	
FEDERAL HOME LOAN BANK BONDS 04.625% OCT 10 2012-IRA	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
FEDERAL FARM CREDIT BANK NOTES 04.875% DEC 16 2015-IRA	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
FEDERAL FARM CREDIT BANK-IRA	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	P
FEDERAL HOME LOAN BANK BONDS 04.750% DEC 16 2016- IRA	NONE	CAPITAL GAINS	\$2,501 - \$5,000	S
FEDERAL HOME LOAN BANK BONDS 05.375% MAY 18 2016-IRA	NONE	CAPITAL GAINS	\$201 - \$1,000	PS
FEDERAL HOME LOAN BANK BONDS 04.625% FEB 18 2011- IRA	NONE	CAPITAL GAINS	\$201 - \$1,000	S
JPMORGAN CHASE & CO- IRA	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO MACK

Page 8 of 24

AFLAC INC COM-IRA	\$1,001 - \$15,000	DIVIDENDS/CAP ITAL GAINS	\$201 - \$1,000	S(part)
AMAZON COM INC COM-IRA	\$1,001 - \$15,000	NONE	NONE	P
APPLE INC-IRA	\$1,001 - \$15,000	CAPITAL GAINS	\$201 - \$1,000	S(part)
BECTON DICKINSON CO-IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
CATERPILLAR INC DEL-IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	S(part)
CISCO SYSTEMS INC COM- IRA	\$1,001 - \$15,000	NONE	NONE	
CLIFFS NATURAL RESOURCES-IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
CONOCOPHILLIPS-IRA	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	P
COSTCO WHOLESALE CRP DEL-IRA	\$1,001 - \$15,000	DIVIDENDS/CAP ITAL GAINS	\$1,001 - \$2,500	S(part)
DISNEY (WALT) CO COM STK-IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
EMERSON ELEC CO-IRA	\$1,001 - \$15,000	DIVIDENDS/CAP ITAL GAINS	\$201 - \$1,000	S(part)
FIRST SOLAR INC-IRA	\$1,001 - \$15,000	NONE	NONE	P
GOOGLE INC CL A-IRA	\$1,001 - \$15,000	NONE	NONE	P
HCP INC-IRA	\$1,001 - \$15,000	DIVIDENDS/CAP ITAL GAINS	\$201 - \$1,000	PS(part)

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO MACK

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JOHNSON AND JOHNSON COM-IRA	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	P(part)
JPMORGAN CHASE & CO- IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P(part)
MCDONALDS CORP COM- IRA	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
MICROSOFT CORP-IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
ORACLE CORP \$0.01 DEL- IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
PEABODY ENERGY CORP COM-IRA	\$1,001 - \$15,000	DIVIDENDS/CAP ITAL GAINS	\$201 - \$1,000	S(part)
PRAXAIR INC-IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
PROCTER & GAMBLE CO- IRA	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SANDISK CORP INC-IRA	\$1,001 - \$15,000	NONE	NONE	P
SCHLUMBERGER LTD-IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
TARGET CORP COM-IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
UNITED PARCEL SVC CL B- IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
UNITED TECHS COM-IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
US BANCORP (NEW)-IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO MACK

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3M COMPANY-IRA	NONE	CAPITAL GAINS	\$201 - \$1,000	S
PG&E CORP-IRA	NONE	CAPITAL GAINS	\$201 - \$1,000	S
EXXON MOBIL CORP COM- IRA	NONE	CAPITAL GAINS	\$201 - \$1,000	S
GENERAL MILLS INC-IRA	NONE	CAPITAL GAINS	\$1,001 - \$2,500	S
TRANSOCEAN LTD-IRA	NONE	CAPITAL GAINS	\$201 - \$1,000	S

SCHEDULE IV - TRANSACTIONS

Name MARY BONO MACK

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transactio
	CALIFORNIA ST JUL08 03.500% AUG01 13	P	N/A	12-10-10	\$15,001 - \$50,000
	CALIFORNIA ST VAR PURP APR09 05.00% APR01 15	P	N/A	01-21-10	\$15,001 - \$50,000
	LOS ANGELES CALIF UNI SCH DIST CTFS PARTN A RF JAN10 05.000% DEC01 16	P	N/A	01-20-10	\$50,001 - \$100,000
	AMAZON COM INC	P	N/A	12-14-10	\$1,001 - \$15,000
	CLIFFS NATURAL RESOURCES INC	P	N/A	08-18-10	\$1,001 - \$15,000
	CONOCOPHILLIPS	P	N/A	07-29-10	\$1,001 - \$15,000
	COSTCO WHOLESALE CRP DEL	P	N/A	01-07-10	\$1,001 - \$15,000
	DISNEY (WALT) CO COM STK	P	N/A	07-29-10	\$1,001 - \$15,000
	FIRST SOLAR INC	P	N/A	05-03-10	\$1,001 - \$15,000
	GOOGLE INC CL A	P	N/A	08-18-10	\$1,001 - \$15,000
	HCP INC	P	N/A	02-18-10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO MACK

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transactio
	JOHNSON AND JOHNSON COM	P	N/A	04-26-10	\$1,001 - \$15,000
	JPMORGAN CHASE & CO	P	N/A	11-22-10	\$1,001 - \$15,000
	MICROSOFT CORP	P	N/A	11-22-10	\$1,001 - \$15,000
	ORACLE CORP \$0.01 DEL	P	N/A	03-26-10	\$1,001 - \$15,000
	PRAXAIR INC	P	N/A	05-13-10	\$1,001 - \$15,000
	SANDISK CORP INC	P	N/A	06-15-10 10-15-10	\$1,001 - \$15,000
	SCHLUMBERGER LTD	P	N/A	06-15-10	\$1,001 - \$15,000
	UNITED PARCEL SVC CL B	P	N/A	09-14-10	\$1,001 - \$15,000
	UNITED TECHS CORP COM	P	N/A	12-14-10	\$1,001 - \$15,000
	US BANCORP (NEW)	P	N/A	04-21-10	\$1,001 - \$15,000
	CALIFORNIA ST VAR PURP APR09 05.000% APR01 15	S(part)	No	6-11-10	\$15,001 - \$50,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO MACK

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transactio
	LOS ANGELES CALIF UNI SCH DIST CTFS PARTN A RF JAN 10 05.00% DEC01 16	S	Yes	09-15-10	\$50,001 - \$100,000
	LOS ANGELES CO CA CTFS PARTN A OID	S	Yes	01-11-10	\$50,001 - \$100,000
	CALIFORNIA ST OID JUN00 05.000% JUN01 19	S	No	01-11-10	\$1,001 - \$15,000
	CALIFORNIA ST DPT WTR	S	No	01-11-10	\$1,001 - \$15,000
	SAN FRAN CA CY-CO PUB	S	Yes	01-11-10	\$15,001 - \$50,000
	ADOBE SYS DEL INC CL A	S	No	08-18-10	\$1,001 - \$15,000
	APOLLO GROUP INC CL A	S	No	01-07-10 02-18-10	\$1,001 - \$15,000
	AFLAC INC COM	S(part)	Yes	01-07-10 03-26-10 09-13-10 10-19-10	\$1,001 - \$15,000
	APPLE INC	S(part)	Yes	01-07-10 04-21-10 09-13-10 10-19-10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO MACK

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transactio
	BANK NEW YORK MELLON CORP	S	No	01-07-10 09-13-10 10-19-10 12-14-10	\$1,001 - \$15,000
	BAXTER INTERNTL INC	S	No	01-07-10 06-15-10	\$1,001 - \$15,000
	BECTON DICKINSON CO	S(part)	No	01-07-10 09-13-10 10-19-10	\$1,001 - \$15,000
	COSTCO WHOLESALE CRP DEL	S(part)	Yes	09-13-10 10-15-10 10-19-10	\$1,001 - \$15,000
	CONOCOPHILLIPS	S(part)	No	09-13-10 10-19-10	\$1,001 - \$15,000
	CATERPILLAR INC DEL	S(part)	Yes	01-07-10 04-26-10 09-13-10 10-19-10	\$1,001 - \$15,000
	CLIFFS NATURAL RESOURCES INC	S(part)	No	09-13-10 10-19-10	\$1,001 - \$15,000
	CISCO SYSTEMS INC COM	S(part)	No	01-07-10 09-13-10 10-19-10	\$1,001 - \$15,000
	DST SYSTEMS INC DEL	S	No	01-07-10 06-15-10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO MACK

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transactio
	DEVON ENERGY CORP NEW	S	Yes	01-07-10 03-26-10	\$1,001 - \$15,000
	DISNEY (WALT) CO COM STK	S(part)	No	09-13-10 10-19-10	\$1,001 - \$15,000
	EXXON MOBIL CORP COM	S	No	01-07-10 07-29-10	\$1,001 - \$15,000
	EMERSON ELEC CO	S(part)	Yes	01-07-10 07-29-10 09-13-10 10-19-10	\$1,001 - \$15,000
	FIRST SOLAR INC	S(part)	No	09-13-10 10-19-10	\$1,001 - \$15,000
	GENERAL MILLS	S	Yes	01-07-10 08-18-10	\$1,001 - \$15,000
	GOOGLE INC CL A	S(part)	No	09-13-10 10-19-10	\$1,001 - \$15,000
	HCP INC	S(part)	Yes	07-29-10 09-13-10 10-19-10	\$1,001 - \$15,000
	HEWLETT PACKARD CO DEL	S	No	01-07-10 09-13-10 10-19-10 11-22-10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO MACK

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain In Excess of \$200?	Date	Amount of Transactio
	JPMORGAN CHASE & CO	S(part)	No	01-07-10 09-13-10 10-19-10	\$1,001 - \$15,000
	JOHNSON AND JOHNSON COM	S(part)	Yes	01-07-10 09-13-10 10-19-10	\$1,001 - \$15,000
	MONSANTO CO NEW DEL COM	S	No	01-07-10 05-13-10	\$1,001 - \$15,000
	MCDONALDS CORP COM	S(part)	Yes	01-07-10 09-13-10 10-19-10	\$1,001 - \$15,000
	ORACLE CORP \$0.01 DEL	S(part)	No	09-13-10 10-19-10	\$1,001 - \$15,000
	PG&E CORP	S	Yes	01-07-10 09-10-10	\$1,001 - \$15,000
	PEABODY ENERGY CORP COM	S(part)	Yes	01-07-10 09-13-10 10-19-10 11-22-10	\$1,001 - \$15,000
	PRAXAIR INC	S(part)	Yes	09-13-10 10-19-10	\$1,001 - \$15,000
	PROCTER & GAMBLE CO	S(part)	No	01-07-10 09-13-10 10-19-10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO MACK

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transactio
	SANDISK CORP INC	S(part)	No	09-13-10 10-19-10	\$1,001 - \$15,000
	SCHLUMBERGER LTD	S(part)	No	09-13-10 10-19-10	\$1,001 - \$15,000
	TARGET CORP COM	S(part)	No	01-07-10 09-13-10 10-19-10	\$1,001 - \$15,000
	3M COMPANY	S	Yes	01-07-10 09-13-10 10-19-10 12-14-10	\$1,001 - \$15,000
	TRANSOCEAN LTD	S	Yes	01-07-10 04-29-10	\$1,001 - \$15,000
	THERMO FISHER SCIENTIFIC	S	No	01-07-10 07-29-10	\$1,001 - \$15,000
	US BANCORP (NEW)	S(part)	No	09-13-10 10-19-10	\$1,001 - \$15,000
	VERIZON COMMUNICATNS COM	S	No	01-07-10 04-21-10	\$1,001 - \$15,000
	FEDERAL FARM CREDIT BANK-IRA	P	N/A	01-12-10	\$15,001 - \$50,000
	JPMORGAN CHASE & CO-IRA	P	N/A	10-27-10	\$15,001 - \$50,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO MACK

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transactio
	AMAZON COM INC-IRA	P	N/A	12-14-10	\$1,001 - \$15,000
	CLIFFS NATURAL RESOURCES INC-IRA	P	N/A	08-18-10 10-19-10	\$1,001 - \$15,000
	CONOCOPHILLIPS-IRA	P	N/A	07-29-10	\$1,001 - \$15,000
	DISNEY (WALT) CO COM STK-IRA	P	N/A	07-29-10	\$1,001 - \$15,000
	FIRST SOLAR INC-IRA	P	N/A	05-03-10 07-07-10	\$1,001 - \$15,000
	GOOGLE INC CL A-IRA	P	N/A	08-18-10	\$1,001 - \$15,000
	HCP INC-IRA	P	N/A	02-18-10 07-07-10	\$1,001 - \$15,000
	JOHNSON AND JOHNSON COM-IRA	P	N/A	04-26-10 07-07-10	\$1,001 - \$15,000
	JPMORGAN CHASE & CO-IRA	P	N/A	07-07-10 11-22-10	\$1,001 - \$15,000
	MICROSOFT CORP-IRA	P	N/A	11-22-10	\$1,001 - \$15,000
	ORACLE CORP \$0.01 DEL-IRA	P	N/A	03-26-10 07-07-10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO MACK

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transactio
	PRAXAIR INC-IRA	P	N/A	05-13-10 07-07-10	\$1,001 - \$15,000
	SANDISK CORP INC-IRA	P	N/A	06-15-10 07-07-10 10-15-10	\$1,001 - \$15,000
	SCHLUMBERGER LTD-IRA	P	N/A	06-15-10 07-07-10	\$1,001 - \$15,000
	UNITED PARCEL SVC CL B-IRA	P	N/A	09-14-10	\$1,001 - \$15,000
	UNITED TECHS CORP COM-IRA	P	N/A	12-14-10	\$1,001 - \$15,000
	US BANCORP (NEW)-IRA	P	N/A	04-21-10 07-07-10	\$1,001 - \$15,000
	FEDERAL HOME LOAN BANK BONDS 05.375% MAY18 2016-IRA	P	N/A	04-06-10	\$1,001 - \$15,000
	BANK NEW YORK MELLON-IRA	S	No	12-14-10	\$1,001 - \$15,000
	3M COMPANY-IRA	S	Yes	12-14-10	\$1,001 - \$15,000
	HEWLETT PACKARD CO DEL-IRA	S	No	11-22-10	\$1,001 - \$15,000
	PEABODY ENERGY CORP COM-IRA	S(part)	Yes	11-22-10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO MACK

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transactio
	FEDERAL HOME LOAN BANK BONDS 04.75% DEC16 2016-IRA	S	Yes	10-27-10	\$15,001 - \$50,000
	COSTCO WHOLESALE CRP DEL-IRA	S(part)	Yes	10-15-10 10-19-10	\$1,001 - \$15,000
	FEDERAL HOME LOAN BANK BONDS 05.375% MAY 18 2016-IRA	S(part)	Yes	10-27-10	\$1,001 - \$15,000
	PG&E CORP-IRA	S	Yes	09-10-10	\$1,001 - \$15,000
	ADOBE SYS DEL PV\$0.001-IRA	S	No	08-18-10	\$1,001 - \$15,000
	EXXON MOBIL CORP COM-IRA	S	Yes	07-29-10	\$1,001 - \$15,000
	EMERSON ELEC CO-IRA	S(part)	Yes	07-29-10	\$1,001 - \$15,000
	GENERAL MILLS-IRA	S	Yes	08-18-10	\$1,001 - \$15,000
	THERMO FISHER SCIENTIFIC-IRA	S	No	07-29-10	\$1,001 - \$15,000
	HCP INC-IRA	S(part)	Yes	07-29-10 10-19-10	\$1,001 - \$15,000
	BAXTER INTERNTL INC-IRA	S	No	06-15-10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO MACK

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transactio
	DST SYSTEMS INC DEL-IRA	S	No	06-15-10	\$1,001 - \$15,000
	MONSANTO CO NEW DEL COM-IRA	S	No	05-13-10	\$1,001 - \$15,000
	TRANSOCEAN LTD-IRA	S	Yes	04-29-10	\$1,001 - \$15,000
	APPLE INC-IRA	S(part)	Yes	04-21-10	\$1,001 - \$15,000
	CATERPILLAR INC DEL-IRA	S(part)	No	04-26-10	\$1,001 - \$15,000
	VERIZON COMMUNICATNS COM-IRA	S	No	04-21-10	\$1,001 - \$15,000
	AFLAC INC COM-IRA	S(part)	Yes	03-26-10 10-19-10	\$1,001 - \$15,000
	DEVON ENERGY CORP NEW-IRA	S	No	03-26-10	\$1,001 - \$15,000
	APOLLO GROUP INC CL A-IRA	S	No	02-18-10	\$1,001 - \$15,000
	FEDERAL HOME LOAN BANK BONDS 04.625% FEB 18 2011-IRA	S	Yes	01-11-10	\$15,001 - \$50,000
	FEDERAL HOME LOAN BANK BONDS 04.875% MAY14 2010-IRA	S	No	01-11-10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO MACK

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transactio
	WESTERFIELD SCOTCH, LLC	P	N/A	10-22-10	\$50,001 - \$100,000
SP	WESTERFIELD SCOTCH, LLC	P	N/A	10-22-10	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

Name MARY BONO MACK

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liabilit	Amount of Liabilit
	WELLS FARGO BANK NA	OCTOBER 2010	MORTGAGE ON RENTAL PROPERTY DURANGO, CO (WESTERFIELD SCOTCH, LLC)	\$250,001 - \$500,000

SCHEDULE VIII - POSITIONS

Name MARY BONO MACK

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
LLC MANAGER	WESTERFIELD SCOTCH, LLC

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

Page 1 of 5 LEGISLATIVE RESOURCE CENTER

2011 MAY 13 PM 1:52

Dana Rohrabacher

(Full Name)

202-225-2415

(Daytime Telephone)

U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Filer
Status

☒ Member of the U.S.
House of Representatives

State: CA
District: 46

☐ Officer Or
Employee

Employing Office:

Report
Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

A \$200 penalty shall
be assessed against
anyone who files
more than 30 days
late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VII.
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VIII.
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule V.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Dana Rohrabacher

Page 2 of 5

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Committee to Re-Elect Congressman Dana Rohrabacher	spouse salary	NA

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Dana Rohrabacher

Page 3 of 5

<p>BLOCK A</p> <p>Asset and/or Income Source</p> <p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>	<p>BLOCK B</p> <p>Year-End Value of Asset</p> <p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>BLOCK C</p> <p>Type of Income</p> <p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>BLOCK D</p> <p>Amount of Income</p> <p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>BLOCK E</p> <p>Transaction</p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
<p>1/3 interest in the mineral rights below farm land in Bottineau County, ND (inherited)</p>	<p>unknown</p>	<p>None</p>	<p>NONE</p>	
<p>JT Townhouse in Washington, DC</p>	<p>\$500,001 - \$1,000,000</p>	<p>RENT</p>	<p>\$5,001 - \$15,000</p>	

SCHEDULE V - LIABILITIES

Name Dana Rohrabacher

Page 4 of 5

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	Wells Fargo Bank	July 2003	Mortgage on Washington, DC townhouse	\$250,001 - \$500,000
JT	Congressional Federal Credit Union	September 2009	home equity line of credit on Washington, DC townhouse (paid in full May 2010)	\$50,001 - \$100,000
JT	Congressional Federal Credit Union	April 2010	unsecured line of credit (paid in full May 2010)	\$15,001 - \$50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Dana Rohrabacher

Page 5 of 5

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
U.S.-Russia Business Council	October 21-22	Long Beach, CA-San Francisco-Long Beach	Y	Y	N	None

**UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

Form A
For use by Members, officers, and employees

Page 1 of 5

HAND DELIVERED

LEGISLATIVE RESOURCE C.M.T.

2011 MAY 16 PM 2:50

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES (Office Use Only)

MC

Name: LORETTA SANCHEZ

Daytime Telephone: 202.225.2965

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>CA</u>	<input type="checkbox"/> Officer or Employee	Employing Office:
		District: <u>97</u>		
Report Type	<input checked="" type="checkbox"/> Annual (May 16, 2011)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name **LORETTA SANCHEZ**

Page **2** of **5**

BLOCK A Asset and/or Income Source			BLOCK B Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction	
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.</p> <p>For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.</p>			<p>Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.</p> <p>If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."</p>												<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>						<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>											<p>Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p> <p>If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.</p>	
			A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI		
			None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000	
SP, DC, JT	Examples:	SP Mega Corp. Stock				X									X			X			Royalties			X									S (partial)
		Simon & Schuster			Indefinite																									X			
		1st Bank of Paducah, KY Accounts				X											X								X								
		SCHOOL FIRST CREDIT UNION			X													X					X										
		SAVINGS & CHECKING			X													X					X										
		CONGRESSIONAL CREDIT UNION			X													X					X										
		1624 VIA ARRIBA																															
		PALOS VERDES HOME								X						X											X						

For additional assets and unearned income, use next page.

SCHEDULE V— LIABILITIES

Name

LORETTA SANCHEZ

Page 3 of 5

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor		Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability									
					A	B	C	D	E	F	G	H	I	J
					\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000
	Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X						
	BANK OF AMERICA		SEPT 2004	MORTGAGE ON 1624 VIA ARRIBA PUE CA 90274					X					
	STEPHEN BRIXEY III		SEPT 2004	NOTE ON 1624 VIA ARRIBA PUE CA 90274				X						

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. **Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345

Use additional sheets if more space is required.

SCHEDULE VIII—POSITIONS

Name

LORETTA SANCHEZ

Page 5 of 5

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
TRUSTEE -	CHAPMAN UNIVERSITY, ORANGE, CA

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
NOV 2007	LORETTA SANCHEZ, LINDA T. SANCHEZ,	"DREAM IN COLOR" BOOK CONTRACT
	RICHARD BUSKIN, GRAND CENTRAL	APPROVED BY ETHICS COMMITTEE
	PUBLISHING	ROYALTIES TO BE PAID AFTER SALES

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

Page 1 of 1

HAND DELIVERED

John Campbell
(Full Name)

(949) 756-2244
(Daytime Telephone)

2011 MAY 11 PM 2:21

(Office Use Only)

Filer Status

☒ Member of the U.S. House of Representatives

State: CA
District: 48

Officer Or Employee

Employing Office:

Report Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule I.</p> <p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.</p> <p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.</p> <p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.</p> <p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule V.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.</p> <p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.</p> <p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII.</p> <p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.</p> <p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>
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EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>Trusts--</p>	<p>Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>Exemptions--</p>	<p>Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Campbell

Page 2 of 13

<p>BLOCK A</p> <p>Asset and/or Income Source</p> <p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>	<p>BLOCK B</p> <p>Year-End Value of Asset</p> <p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>BLOCK C</p> <p>Type of Income</p> <p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>BLOCK D</p> <p>Amount of Income</p> <p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>BLOCK E</p> <p>Transaction</p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
JT GMAC Demand Notes	\$50,001 - \$100,000	INTEREST	\$1 - \$200	
JT, SP Wells Fargo Bank Account	\$100,001 - \$250,000	INTEREST	\$201 - \$1,000	
SP 3848 Mentone Partners, LLC Calif. Home Builder & Developer	\$15,001 - \$50,000	INTEREST/Other: LLC INCOME	\$2,501 - \$5,000	
SP Olson Urban Housing, LLC Calif. Home Builder & Developer	\$15,001 - \$50,000	INTEREST/Other: LLC INCOME	\$201 - \$1,000	
JT ACD Holdings, LLC (real estate holding company) consists of the following:	None	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Campbell

Page 3 of 13

	owns: 1300 Auto Mall Drive, Santa Ana, CA	\$1,000,001 - \$5,000,000	RENT/ Other: Lease Termination Fee	\$100,001 - \$1,000,000	
	owns: 1330 Auto Mall Drive, Santa Ana, CA	\$1,000,001 - \$5,000,000	RENT	\$15,001 - \$50,000	
	owns: 1350 Auto Mall Drive, Santa Ana, CA	\$1,000,001 - \$5,000,000	RENT/ Other: Lease Termination Fee	\$1,000,001 - \$5,000,000	
	owns: 18801 Beach Blvd. Huntington Beach, CA	\$1,000,001 - \$5,000,000	RENT	\$100,001 - \$1,000,000	
	owns: 11528 Martens River Cir., Fountain Valley, CA	\$500,001 - \$1,000,000	RENT	\$100,001 - \$1,000,000	
	owns: 1380 S. Auto Center Dr., Anaheim, CA	\$1,000,001 - \$5,000,000	RENT	\$100,001 - \$1,000,000	
	owns: 28730 Marguerite Parkway, Mission Viejo, CA	None	None	NONE	S
	Cash Accounts - ACD Holdings, LLC	\$100,001 - \$250,000	INTEREST	\$1,001 - \$2,500	
JT	Wisdomtree Trust-International Utilities	None	DIVIDENDS	\$1 - \$200	S
JT	Bundeslander BRD	None	INTEREST	\$201 - \$1,000	S
JT	Energie Beheer Nederland B.V. EMTN	None	INTEREST/CAPIT TAL GAINS	\$2,501 - \$5,000	S
JT	Rabobank Nederland NV	\$1,001 - \$15,000	INTEREST/CAPIT TAL GAINS	\$1,001 - \$2,500	PS(part)

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Campbell

Page 4 of 13

JT	SPDR Index Shares Funds - Emerging Europe ETF	None	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	S
JT	iShares Inc./MSCI Japan Index Fund	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P
JT	Wisdomtree Trust-International Industrials	None	CAPITAL GAINS	\$201 - \$1,000	S
JT	MFS Series Trust X - Emerging Markets Equity Fund	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	P
JT	iShares Inc. - MSCI Hongkong Index Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
JT	iShares Inc. - MSCI Singapore (Free) Index Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
JT	iShares Trust - S&P Latin America 40 Index Fund	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	
JT	SPDR Index Shares Funds-Emerging Middle East & Africa ETF	None	CAPITAL GAINS	\$1 - \$200	S
JT	iShares Inc./MSCI Emerging Market Index Fund	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P
JT	iShares Inc./MSCI EMU Index Fund	\$50,001 - \$100,000	DIVIDENDS	\$2,501 - \$5,000	S(part)
JT	iShares Inc. - MSCI Taiwan Index Fund	None	CAPITAL GAINS	\$201 - \$1,000	S
SP	American Century Heritage Fund - IRA	\$15,001 - \$50,000	None	NONE	
JT	iShares Inc./MSCI Switzerland Index Fund	\$100,001 - \$250,000	None	NONE	
JT	Pioneer Emerging Markets Fund	\$15,001 - \$50,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Campbell

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	Campbell/McNee Family Farm, LLC Cottonwood, Kansas	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
	Baker Hughes Inc Cmn	\$50,001 - \$100,000	DIVIDENDS	\$1,001 - \$2,500	
	CVS Corporation Cmn	\$100,001 - \$250,000	DIVIDENDS	\$1,001 - \$2,500	
JT	iShares Inc./MSCI Canada Index Fund	None	DIVIDENDS/ CAPITAL GAINS	\$1,001 - \$2,500	S
JT	iShares Trust S&P/Topix 150 Index Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
JT	UBS current account - CHF	\$1,001 - \$15,000	None	NONE	
JT	UBS current account - GDP	\$1 - \$1,000	None	NONE	
JT	European Investment Bank EMTN	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
JT	UBS current account - EUR	\$1 - \$1,000	None	NONE	
JT	iShares Inc./MSCI United Kingdom Index Fund	\$50,001 - \$100,000	DIVIDENDS	\$1,001 - \$2,500	PS(part)
JT, SP	Goldman Sachs Bank Deposits	\$100,001 - \$250,000	INTEREST	\$201 - \$1,000	
JT	JP Morgan Trust I Asia Equity Fund	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
JT	UBS current account - USD	\$1,001 - \$15,000	None	NONE	
JT	Toyota Motor Credit Corp EMTN	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Campbell

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JT	Goldman Sachs High Yield Mutual Fund Class A - IRA	\$250,001 - \$500,000	None	NONE	S(part)
JT	Tracker-Certificates EFG Financial Products AG	\$1,001 - \$15,000	None	NONE	
JT	Goldman Sachs Bank Deposit - IRA	\$1,001 - \$15,000	None	NONE	
JT	Elements AB Svenk Exportkredit SEK	None	CAPITAL GAINS	\$201 - \$1,000	S
JT	SPDR Index Shares Funds- SPDR S&P BRIC 40 ETF	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P
JT	iShares Inc. - MSCI Australia Index Fund	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
JT	New South Wales Treasury Corp.	None	INTEREST/CAPITAL GAINS	\$201 - \$1,000	S
JT	Landwirtschaftliche Tentenbank EMTN	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
SP	Goldman Sachs Large Cap Value Class A (GSLAX)	\$100,001 - \$250,000	DIVIDENDS	\$201 - \$1,000	
JT	Goldman Sachs Core Fixed Income Fund - IRA	\$100,001 - \$250,000	None	NONE	S(part)
JT	iShares - MSCI South Korea Index Fund	None	None	NONE	S
SP	Goldman Sachs Growth Opportunities Class A (GGOAX)	\$100,001 - \$250,000	DIVIDENDS	\$1,001 - \$2,500	
JT	Land Berlin	None	INTEREST	\$201 - \$1,000	S
JT	LVMH Moet Hennessy Louis Vuitton EMTN	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Campbell

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JT	EMTN France Telecom SA	\$15,001 - \$50,000	None	NONE	S(part)
JT	RWE Finance BV EMTN	None	INTEREST	\$201 - \$1,000	S
JT	Bayer Capital Corporation BV EMTN	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
JT	M. McNee Campbell Family Income Trust #2 consists of the following:	None	None	NONE	
	owns: 3032 Wilshire B;vd. Santa Monica, CA	\$500,001 - \$1,000,000	RENT	\$50,001 - \$100,000	
	owns: Gas Well - Conoco Phillips	\$250,001 - \$500,000	Other: Royalties	\$100,001 - \$1,000,000	
	owns: Gas Well - ICF Energen	\$50,001 - \$100,000	Other: Royalties	\$2,501 - \$5,000	
	Cash Account - M. McNee Campbell Family Income Trust #2	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	
	Pimco All Asset All Authority Inst.	\$100,001 - \$250,000	DIVIDENDS/CAPIT TAL GAINS	\$5,001 - \$15,000	P
	Pimco EqS Pathfinder Fund Inst.	\$100,001 - \$250,000	DIVIDENDS/CAPIT TAL GAINS	\$1,001 - \$2,500	P
JT	S&P 500 Index Fund (SPDR) IRA	\$250,001 - \$500,000	None	NONE	P
JT	Russell 2000 Index Fund (Shares) IRA	\$100,001 - \$250,000	None	NONE	P
JT	iShares Inc./MSCI China Index Fund	None	DIVIDENDS/CAPIT TAL GAINS	\$2,501 - \$5,000	PS
JT	Lithuania 2005	\$1,001 - \$15,000	None	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Campbell

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JT	Republic of Hungary 2006	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	P
JT	Republic Polen 2006 EMTN	\$1,001 - \$15,000	None	NONE	P
JT	Canada 2006	\$1,001 - \$15,000	INTEREST	\$1 - \$200	P
JT	Voncert Vontobel Financial Products Ltd	\$15,001 - \$50,000	None	NONE	P
JT	Province of Ontario	\$1,001 - \$15,000	INTEREST	\$1 - \$200	P
JT	Templeton Global Investment Trust Frontier Mkts Fund	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	P
JT	Templeton Global Investment Trust Emerging Mkts Small Cap Fund	\$15,001 - \$50,000	None	NONE	P
JT	Defender Vonti Vontobel Financial Products Ltd	\$15,001 - \$50,000	None	NONE	P
JT	UBS current account - AUD	\$1 - \$1,000	None	NONE	
JT	UBS current account - CAD	\$1 - \$1,000	None	NONE	
JT	Fast Cars & Freedom Publications, LLC - Organized in Irvine, Calif.	\$15,001 - \$50,000	None	NONE	

SCHEDULE IV - TRANSACTIONS

Name John Campbell

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
JT	iShares Inc. - MSCI South Korea Index Fund	S	No	02-09-10	\$1,001 - \$15,000
JT	Rabobank Nederland NV (partial sale)	S(part)	Yes	03-01-10 04-22-10	\$15,001 - \$50,000
JT	Wisdomtree Trust-International Industrials	S	Yes	03-31-10	\$1,001 - \$15,000
JT	Wisdomtree Trust-International Utilities	S	No	04-09-10	\$1,001 - \$15,000
JT	Elements AB Svenk Exportkredit SEK	S	Yes	04-22-10 07-10-10	\$15,001 - \$50,000
JT	EMTN France Telecom SA (partial sale)	S(part)	No	04-22-10	\$1,001 - \$15,000
JT	Land Berlin	S	No	04-22-10	\$1,001 - \$15,000
JT	Energie Beheer Nederland B.V. EMTN	S	Yes	04-22-10 05-07-10 12-03-10	\$15,001 - \$50,000
JT	Bundeslander BRD	S	No	05-07-10 12-03-10	\$1,001 - \$15,000
JT	iShares Inc. - MSCI China Index Fund	S	Yes	05-18-10 09-15-10	\$1,001 - \$15,000
JT	New South Wales Treasury Corp.	S	No	08-05-10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name John Campbell

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
JT	SPDR Index Shares Funds-Emerging Europe ETF	S	No	09-15-10	\$1,001 - \$15,000
JT	SPDR Index Shares Funds-Emerging Middle East & Africa ETF	S	No	09-15-10	\$1,001 - \$15,000
JT	iShares Inc./MSCI United Kingdom Index Fund (partial sale)	S(part)	No	09-15-10	\$1,001 - \$15,000
JT	iShares Inc./MSCI EMU Index Fund (partial sale)	S(part)	No	09-15-10	\$1,001 - \$15,000
JT	iShares Inc./MSCI Canada Index Fund	S	Yes	09-15-10	\$1,001 - \$15,000
JT	iShares Inc./MSCI Taiwan Index Fund	S	Yes	09-15-10	\$1,001 - \$15,000
JT	RWE Finance BV EMTN	S	No	12-03-10	\$1,001 - \$15,000
JT	SPDR Index Shares Funds-SPDR S&P BRIC 40 ETF	P	N/A	02-09-10	\$1,001 - \$15,000
JT	Rabobank Nederland NV	P	N/A	03-02-10	\$1,001 - \$15,000
JT	iShares Inc./MSCI China Index Fund	P	N/A	04-13-10	\$1,001 - \$15,000
JT	iShares Inc./MSCI United Kingdom Index Fund	P	N/A	04-13-10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name John Campbell

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
JT	iShares Inc./MSCI Emerging Market Index Fund	P	N/A	04-13-10	\$1,001 - \$15,000
JT	Lithuania 2005	P	N/A	04-22-10	\$1,001 - \$15,000
JT	Republic of Hungary 2006	P	N/A	04-22-10	\$1,001 - \$15,000
JT	Republic Polen 2006 EMTN	P	N/A	04-22-10	\$1,001 - \$15,000
JT	Toyota Motor Credit Corp. EMTN	P	N/A	05-07-10	\$1,001 - \$15,000
JT	Canada 2006	P	N/A	05-07-10	\$1,001 - \$15,000
JT	Voncert Vontobel Financial Products Ltd	P	N/A	05-12-10 07-08-10	\$15,001 - \$50,000
JT	Province of Ontario	P	N/A	08-12-10	\$1,001 - \$15,000
JT	Templeton Global Investment Trust Frontier Mkts Fund	P	N/A	09-15-10	\$1,001 - \$15,000
JT	Templeton Global Investment Trust Emerging Mkts Small Cap Fund	P	N/A	09-15-10	\$1,001 - \$15,000
JT	MFS Series Trust X-Emerging Markets Equity Fund	P	N/A	09-15-10	\$15,001 - \$50,000

SCHEDULE IV - TRANSACTIONS

Name John Campbell

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
JT	iShares Inc./MSCI Japan Index Fund	P	N/A	12-03-10	\$1,001 - \$15,000
JT	Defender Vonti Vontobel Financial Products Ltd	P	N/A	12-16-10	\$15,001 - \$50,000
JT	ACD Holdings, LLC owns: 28730 Marguerite Parkway Mission Viejo, CA	S	No	11-29-10	\$1,000,001 - \$5,000,000
JT	Pimco All Asset All Authority Inst.	P	N/A	07-06-10 12-01-10	\$100,001 - \$250,000
JT	Pimco EqS Pathfinder Fund Inst.	P	N/A	07-06-10 12-01-10	\$100,001 - \$250,000
JT	S&P 500 Index Fund (SPDR) IRA	P	N/A	12-21-10	\$250,001 - \$500,000
JT	Russell 2000 Index Fund (Shares) IRA	P	N/A	12-21-10	\$100,001 - \$250,000
JT	Goldman Sachs Core Fixed Income Fund - IRA (partial sale)	S(part)	No	12-21-10	\$100,001 - \$250,000
JT	Goldman Sachs High Yield Mutual Fund Class A - IRA (partial sale)	S(part)	No	12-21-10	\$250,001 - \$500,000

SCHEDULE VIII - POSITIONS

Name John Campbell

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Advisory Council	Concordia University (uncompensated)
Advisory Council	Laguna Canyon Foundation (uncompensated)
Advisory Council	YMCA of Orange County (uncompensated)
Board of Directors	Newport Beach Concours D'Elegance (uncompensated)
Board of Advisors	Leventhal School of Accounting, University of Southern California (uncompensated)
Managing Member	ACD Holdings, LLC
Managing Member	Campbell/McNee Family Farm, LLC
Advisory Board	Crime Survivors Advisory Board (uncompensated)
Managing Member	Fast Cars & Freedom Publications, LLC

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Form A
For use by Members, officers, and employees

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LEGISLATIVE RESOURCE CENTER

2011 JUN -6 AM 9:21

Name:

BOB FILNER

Daytime Telephone:

225-7933

HAND DELIVERED

MC

(Office Use Only)

Filer
Status



Member of the U.S.
House of Representatives

State:

CA 51



Officer or
Employee

Employing Office:

Report
Type



Annual (May 16, 2011)



Amendment



Termination

Termination Date:

A \$200 penalty shall be assessed
against anyone who files more than
30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?
If yes, complete and attach Schedule I.

Yes



No



VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?
If yes, complete and attach Schedule VI.

Yes



No



II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?
If yes, complete and attach Schedule II.

Yes



No



VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?
If yes, complete and attach Schedule VII.

Yes



No



III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?
If yes, complete and attach Schedule III.

Yes



No



VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?
If yes, complete and attach Schedule VIII.

Yes



No



IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?
If yes, complete and attach Schedule IV.

Yes



No



IX. Did you have any reportable agreement or arrangement with an outside entity?
If yes, complete and attach Schedule IX.

Yes



No



V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?
If yes, complete and attach Schedule V.

Yes



No



Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

Yes



No



EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes



No



SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

[illegible]

For payments to charity in lieu of honoraria, use Schedule II.

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name **BOB FILNER**

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BLOCK A Asset and/or Income Source			BLOCK B Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction		
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.</p> <p>For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.</p>			<p>Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.</p> <p>If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."</p>												<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>						<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>											<p>Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p> <p>If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.</p>		
			A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI			
			None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000	P, S, E	
SP		SP	Mega Corp. Stock				X								X			X		Royalties				X								S (partial)		
DC, Examples:			Simon & Schuster																										X					
JT			1st Bank of Paducah, KY Accounts					X																	X									
			GUARDIAN MUTUAL FUND (NEUBERGER & BERMAN)				X								X			X							X									

For additional assets and unearned income, use next page.

Continuation Sheet (if needed)

Name _____

BOB FILNER

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Continuation Sheet (if needed)

BOB FILNER

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SCHEDULE IV— TRANSACTIONS

Name

BOS FILNER

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Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

Type of Transaction

PURCHASE

SALE

EXCHANGE

Check Box if Capital Gain Exceeded \$200

Date

(MO/DAY/YR)
or
Quarterly,
Monthly, or
Bi-weekly, if
applicable

Amount of Transaction

A
\$1,001-
\$15,000

B
\$15,001-
\$50,000

C
\$50,001-
\$100,000

D
\$100,001-
\$250,000

E
\$250,001-
\$500,000

F
\$500,001-
\$1,000,000

G
\$1,000,001-
\$5,000,000

H
\$5,000,001-
\$25,000,000

I
\$25,000,001-
\$50,000,000

J
Over
\$50,000,000

SP, DC, JT

Asset

SP

Example:

Mega Corporation Common Stock (partial sale)

X

10-12-10

X

ROBLA, CA SCHOOL DIST. BOND

X

8-2-10

X

CALIF. HFFA BOND

X

12-1-10

X

SCHEDULE V— LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor		Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability									
					A	B	C	D	E	F	G	H	I	J
					\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000
	Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X						
	CHASE		DEC 2010	CREDIT CARD		X								

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
<i>Example:</i> Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
NA		

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

[illegible]

CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER

2011 MAY 13 AM 11:11

 Name: Duncan D. Hunter

 Daytime Telephone: (202) 225-5161

 OFFICE OF THE CLERK
 HAND DELIVERED

(Office Use Only)

MC

Filer Status


 Member of the U.S.
House of Representatives

 State: CA
District: 52

 Officer or
Employee

Employing Office:

Report Type



Annual (May 16, 2011)



Amendment



Termination


Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.
PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT		FORM A For use by Members, officers, and employees		Page 1 of 1 20 MAY 16 PM 12:09 HAND DELIVERED OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES  (Office Use Only)
Susan A. Davis (Full Name)		2022252040 (Daytime Telephone)		
Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representative State: <u>CA</u> District: <u>53</u>	<input type="checkbox"/> Officer Or Employee Employing Office: _____	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	
Report Type	<input checked="" type="checkbox"/> Annual (May 15) <input type="checkbox"/> Amendment <input type="checkbox"/> Termination	Termination Date: _____		

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VII.
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VIII.
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule V.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Susan A. Davis

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Self Employment	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Susan A. Davis

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BLOCK A
Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.

For rental or other real property held for investment, provide a complete address.

For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or

BLOCK B
Year-End Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."

BLOCK C
Type of Income

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.

BLOCK D
Amount of Income

For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

BLOCK E
Transaction

Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

JT	4113-15 Arbor Vitae San Diego, CA	\$250,001 - \$500,000	RENT	\$5,001 - \$15,000	
SP	American Century Inflation-Adjusted	\$50,001 - \$100,000	None	NONE	P
SP	Apple Inc	\$15,001 - \$50,000	None	NONE	P
	Artio FDS Intl Equity FD CL A (Formerly/combined Julius Baer Invst Funds)	\$15,001 - \$50,000	None	NONE	
JT	CAL-Amer INC Prop IV	\$1,001 - \$15,000	CAPITAL GAINS	\$2,501 - \$5,000	
JT	Cisco Systems	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Susan A. Davis

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JT	Costco Wholesale Corp	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	Dreyfus GNMA Fund Class Z (Formerly Dreyfus Fund Class Z)	\$1,001 - \$15,000	None	NONE	
SP	EmersonEquity Money Market (Formerly TD Ameritrade Money Market)	\$1,001 - \$15,000	None	NONE	
	EmersonEquity Money Market (Formerly TD Ameritrade Money Market)	\$1,001 - \$15,000	None	NONE	
SP	EmersonEquity Money Market (Formerly TD Ameritrade Money Market)	\$1,001 - \$15,000	None	NONE	
SP	Fidelity Canada (Formerly/ combined with Fidelity Inv't Tr Cda Fd)	\$15,001 - \$50,000	None	NONE	
SP	Fidelity Cash Reserves	None	None	NONE	S
SP	Fidelity Contrafund	\$100,001 - \$250,000	None	NONE	P
SP	Fidelity Emerging Asia Fund (Formerly Fidelity Southeast Asia)	\$1,001 - \$15,000	None	NONE	
SP	Fidelity Emerging Markets	None	CAPITAL GAINS	\$1,001 - \$2,500	S
JT	Fidelity Select Portfolios	None	None	NONE	S
SP	Franklin Int'l Small Cap Growth	\$15,001 - \$50,000	None	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Susan A. Davis

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JT	General Electric	\$50,001 - \$100,000	DIVIDENDS	\$1,001 - \$2,500	
SP	Icon Energy Fund	\$15,001 - \$50,000	None	NONE	S(part)
JT	Icon Energy Fund (Formerly Icon Funds Energy)	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
SP	iShares TR Barclays Aggregate BD FD	\$50,001 - \$100,000	None	NONE	P
	iShares TR MSCI EAFE Small Cap Index Fd	\$15,001 - \$50,000	None	NONE	P
SP	iShares TR Nasdaq Biotechnology Index	\$15,001 - \$50,000	None	NONE	P
SP	iShares TR S&P Global Clean Energy	\$1,001 - \$15,000	None	NONE	P
SP	Janus Contrarian Fund	None	None	NONE	S
SP	Janus Overseas Fund (Formerly Janus Invt Fd split)	\$15,001 - \$50,000	None	NONE	
SP	Loomis Sayles Bond Fund Retail	\$50,001 - \$100,000	None	NONE	P
SP	Lord Abbett Invest Trust	\$15,001 - \$50,000	None	NONE	P
SP	Lord Abbett Invest Trust	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	P
	Lord Abbett Invest Trust	\$15,001 - \$50,000	None	NONE	P
SP	MFS Moderate Allocation Fund	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Susan A. Davis

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	MFS Moderate Allocation Fund	\$15,001 - \$50,000	None	NONE	P
	NRS Bond Index Fund	None	None	NONE	S
SP	NRS Large Cap Fd	None	None	NONE	S
	NRS Large Cap Fd	None	None	NONE	S
SP	NRS Mid Cap Fund	None	None	NONE	S
	NRS Mid Cap Fund	None	None	NONE	S
	NRS Short Term Inv Fund	None	None	NONE	S
	NRS Small Cap Fund	None	None	NONE	S
JT	Nuveen Tradewinds International Value	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P
	Parnassus FD Equity Income	None	None	NONE	S
SP	Perkins Mid Cap Value Fund (Formerly Janus Invt Fd split)	\$50,001 - \$100,000	None	NONE	
SP	Pimco Low Duration Fd	\$100,001 - \$250,000	None	NONE	
	Pimco Real Return Fd	\$1,001 - \$15,000	None	NONE	
SP	Powershares Exchange Traded FD TR Dynamic	\$15,001 - \$50,000	None	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Susan A. Davis

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JT	Procter & Gamble	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
SP	Select Sector SPDR TR Consumer	\$1,001 - \$15,000	None	NONE	P
SP	Selected American Shares	\$50,001 - \$100,000	None	NONE	
SP	T Rowe Price Emerging Euro	None	None	NONE	S
SP	T Rowe Price Equity Income (Formerly Rowe T Price Equity)	\$50,001 - \$100,000	None	NONE	
SP	T Rowe Price Health Sciences	\$15,001 - \$50,000	None	NONE	P
JT	T Rowe Price Intl Emerg Euro	None	None	NONE	S
	T Rowe Price Mid Cap Growth (Formerly Rowe T Price Mid Cap Growth)	\$15,001 - \$50,000	None	NONE	
SP	T Rowe Price Mid Cap Growth (Formerly Rowe T Price Mid-Cap)	\$50,001 - \$100,000	None	NONE	
	Templeton Global Bond Fund	\$15,001 - \$50,000	None	NONE	P
SP	Templeton Global Bond Fund	\$15,001 - \$50,000	None	NONE	P
	Third Avenue Tr Value Fd	None	None	NONE	S
SP	Vanguard 500 Index Fd	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Vanguard 500 Index Fund	\$50,001 - \$100,000	None	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Susan A. Davis

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JT	Vanguard 500 Index Fund Investor Shares (Formerly Vanguard Fixed Income SEC Fd)	\$50,001 - \$100,000	DIVIDENDS	\$1 - \$200	
SP	Vanguard Energy Fund (Formerly Vanguard Specialized Energy Portfolio)	\$15,001 - \$50,000	None	NONE	
SP	Vanguard Short-Term Investment Grade (Formerly Vanguard Shr Trm Investment)	\$15,001 - \$50,000	None	NONE	
	Vanguard Total International Stock (Formerly Vanguard FD Total International Stock Index)	\$15,001 - \$50,000	None	NONE	
SP	Vanguard World FDS Vanguard Information	\$15,001 - \$50,000	None	NONE	P
	Vanguard World FDS Vanguard Information	\$1,001 - \$15,000	None	NONE	P
SP	Wells Fargo Small Cap	None	None	NONE	S

SCHEDULE IV - TRANSACTIONS

Name Susan A. Davis

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	American Century Inflation-Adjusted	P	N/A	02-03-10	\$50,001 - \$100,000
SP	Apple Inc	P	N/A	01-26-10	\$15,001 - \$50,000
JT	Cisco Systems	P	N/A	11-18-10	\$1,001 - \$15,000
SP	Fidelity Cash Reserves	S	No	03-10-10	\$50,001 - \$100,000
SP	Fidelity Contrafund	P	N/A	01-27-10	\$50,001 - \$100,000
SP	Fidelity Emerging Markets	S	Yes	05-05-10	\$15,001 - \$50,000
JT	Fidelity Select Portfolios	S	No	03-10-10	\$15,001 - \$50,000
SP	Franklin Int'l Small Cap Growth	P	N/A	05-05-10	\$15,001 - \$50,000
SP	Icon Energy Fund	S(part)	No	02-03-10	\$1,001 - \$15,000
SP	iShares TR Barclays Aggregate BD FD	P	N/A	02-09-10	\$50,001 - \$100,000
	iShares TR MSCI EAFE Small Cap Index Fd	P	N/A	06-08-10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name Susan A. Davis

Page 10 of 15

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	iShares TR MSCI EAFE Small Cap Index Fd	P	N/A	03-18-10	\$1,001 - \$15,000
SP	iShares TR Nasdaq Biotechnolody Index	P	N/A	03-17-10	\$1,001 - \$15,000
SP	iShares TR Nasdaq Biotechnology Index	P	N/A	02-03-10	\$15,001 - \$50,000
SP	iShares TR S&P Global Clean Energy	P	N/A	10-19-10	\$1,001 - \$15,000
SP	Janus Contrarian Fund	S	No	02-03-10	\$1,001 - \$15,000
SP	Loomis Sayles Bond Fund Retail	P	N/A	02-09-10	\$50,001 - \$100,000
SP	Lord Abbett Invest Trust	P	N/A	03-17-10	\$1,001 - \$15,000
	Lord Abbett Invest Trust	P	N/A	02-18-10	\$15,001 - \$50,000
SP	Lord Abbett Invest Trust	P	N/A	08-05-10	\$15,001 - \$50,000
SP	Lord Abbett Invest Trust	P	N/A	05-05-10	\$15,001 - \$50,000
	Lord Abbett Invest Trust	P	N/A	03-17-10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name Susan A. Davis

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	MFS Moderate Allocation Fund	P	N/A	02-03-10	\$1,001 - \$15,000
	MFS Moderate Allocation Fund	P	N/A	03-17-10	\$15,001 - \$50,000
SP	MFS Moderate Allocation Fund	P	N/A	02-03-10	\$15,001 - \$50,000
	NRS Bond Index Fund	S	No	03-10-10	\$1,001 - \$15,000
SP	NRS Large Cap Fd	S	No	03-10-10	\$1,001 - \$15,000
	NRS Large Cap Fd	S	No	03-10-10	\$15,001 - \$50,000
	NRS Mid Cap Fund	S	No	03-10-10	\$15,001 - \$50,000
SP	NRS Mid Cap Fund	S	No	03-10-10	\$1,001 - \$15,000
	NRS Short Term Inv Fund	S	No	03-10-10	\$1,001 - \$15,000
	NRS Small Cap Fund	S	No	03-10-10	\$1,001 - \$15,000
JT	Nuveen Tradewinds International Value	P	N/A	05-20-10	\$15,001 - \$50,000

SCHEDULE IV - TRANSACTIONS

Name Susan A. Davis

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Parnassus FD Equity Income	S	No	02-03-10	\$1,001 - \$15,000
SP	Powershares Exchange Traded FD TR Dynamic	P	N/A	03-17-10	\$1,001 - \$15,000
SP	Select Sector SPDR TR Consumer	P	N/A	02-03-10	\$1,001 - \$15,000
SP	T Rowe Price Emerging Euro	S	No	05-05-10	\$15,001 - \$50,000
SP	T Rowe Price Health Sciences	P	N/A	05-05-10	\$15,001 - \$50,000
SP	T Rowe Price Health Sciences	P	N/A	08-05-10	\$1,001 - \$15,000
JT	T Rowe Price Intl Emerg Euro	S	No	05-05-10	\$15,001 - \$50,000
SP	Templeton Global Bond Fund	P	N/A	05-05-10	\$15,001 - \$50,000
	Templeton Global Bond Fund	P	N/A	05-05-10	\$15,001 - \$50,000
	Third Avenue Tr Value Fd	S	No	02-03-10	\$1,001 - \$15,000
SP	Vanguard 500 Index Fund	P	N/A	01-26-10	\$50,001 - \$100,000

SCHEDULE IV - TRANSACTIONS

Name Susan A. Davis

Page 13 of 15

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	Vanguard 500 Index Fund	P	N/A	01-27-10	\$15,001 - \$50,000
	Vanguard World FDS Vanguard Information	P	N/A	08-05-10	\$1,001 - \$15,000
SP	Vanguard World FDS Vanguard Information	P	N/A	09-15-10	\$15,001 - \$50,000
SP	Vanguard World FDS Vanguard Information	P	N/A	02-03-10	\$1,001 - \$15,000
SP	Wells Fargo Small Cap	S	No	02-03-10	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

Name Susan A. Davis

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	JPMorgan Chase	1983	Mortgage on 4112-15 Arbor Vitae	\$15,001 - \$50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Susan A. Davis

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Aspen Institute	May 31 - June 6	San Diego - Tunis, Tunisia - DC	Y	Y	Y	None
Aspen Institute	August 14 - 21	San Diego - Vancouver, Canada - San Diego	Y	Y	Y	2 Days